



Faculty Research Room Application

Date: _____

Name: _____
Please Print (First Name) (M.I.) (Last Name)

Department: _____ Academic Rank: _____

Email: _____ TCU Box: _____

Will you be teaching on campus? Y/N Fall semester: _____ Spring semester: _____

Please attach a copy of **Section II** (Research/Creative Activities) and **Section III** (Grants and Contracts) of your Faculty Annual Report.

Describe your research project and need for Library space:

Due to the Library’s limited number of Research Rooms, selection will be based upon need. Renewals are not automatic. Rooms are awarded for a year.

Submit Applications by August 28, 2024
to Library Administrative Office, TCU Box 298400.