



Graduate Dissertation Room Application

NAME: _____ DATE: _____

Please print FIRST Middle Initial Last Name

DEPARTMENT: _____ CELL: _____

EMAIL: _____ TCU BOX: _____

Please circle one: Doctoral Student, pre-dissertation. Doctoral Student, writing Dissertation

TELL US WHY YOU WOULD LIKE A ROOM AND YOUR PROJECTED USE OF THE SPACE:

Due to the Library's limited number of research rooms, selection will be based upon need. Rooms are awarded for the year.

APPLICANT'S SIGNATURE: _____ DATE: _____

FACULTY ADVISOR, DISSERTATION CHAIR OR DEPARTMENT CHAIR SIGNATURE: _____ DATE: _____

Submit applications by September 1st 2023 to the Library Office 2241 or Box 298400 - Email contact: Tracy Hull at t.hull@tcu.edu