



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:

\_\_\_\_\_
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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 August 28, 2024 to the Library Office 2241 or Box 298400 - Email contact: Tracy Hull at t.hull@tcu.edu