

UNDERGRADUATE PRELIMINARY KEY REQUEST FORM

Last Name:	Full Legal First Name and Middle Initial:		
CSU ID Number:	Email:		
Your Office Room Number:	Your Office Phone Number:		
Room Number of Metal Keys You Are Requesting:			
Key Card Clearance You Are Requesting: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Chemistry CIF B115 XRD* <input type="checkbox"/> Chemistry CIF B2 600 NMR* <input type="checkbox"/> Chemistry CIF Basement Main Lab* <input type="checkbox"/> Chemistry CIF C3A Magnetic Properties Lab* <input type="checkbox"/> Chemistry CIF C3E 500 NMR* <input type="checkbox"/> Chemistry CIF C4 XPS/XRD Lab* <input type="checkbox"/> Chemistry CIF Yates 101 Imaging* <input type="checkbox"/> Chemistry Main Lobby Entry <input type="checkbox"/> Chemistry UG (Yates 412) <input type="checkbox"/> Chemistry UG RA (Main Lobby Entry) <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Chemistry RB 1st Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2nd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3rd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4th Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 204N Radiation Room <input type="checkbox"/> Chemistry RB Building Entry <input type="checkbox"/> Chemistry RB CIF 109 Main Lab* <input type="checkbox"/> Chemistry RB CIF 204L SCD* <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Chemistry CIF B115 XRD* <input type="checkbox"/> Chemistry CIF B2 600 NMR* <input type="checkbox"/> Chemistry CIF Basement Main Lab* <input type="checkbox"/> Chemistry CIF C3A Magnetic Properties Lab* <input type="checkbox"/> Chemistry CIF C3E 500 NMR* <input type="checkbox"/> Chemistry CIF C4 XPS/XRD Lab* <input type="checkbox"/> Chemistry CIF Yates 101 Imaging* <input type="checkbox"/> Chemistry Main Lobby Entry <input type="checkbox"/> Chemistry UG (Yates 412) <input type="checkbox"/> Chemistry UG RA (Main Lobby Entry) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemistry RB 1 st Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2 nd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3 rd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4 th Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 204N Radiation Room <input type="checkbox"/> Chemistry RB Building Entry <input type="checkbox"/> Chemistry RB CIF 109 Main Lab* <input type="checkbox"/> Chemistry RB CIF 204L SCD* <input type="checkbox"/> Other _____
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<p><i>*CIF Staff approval is required for <u>ALL CIF</u> clearances PRIOR to form submission.</i></p> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">CIF STAFF APPROVAL</div>			
RETURN FORM TO CINDY UNGERMAN, ROOM B303			
<input type="checkbox"/> Yes Chemistry Major <input type="checkbox"/> No Major: _____	FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">CLU</div> FINAL APPROVAL		

Date _____

Signature AND Printed Name of Faculty Advisor, Supervisor, or Responsible Party

Agreement for Undergraduate Access to the Chemistry Building

Undergraduate access to the Chemistry Building will only be granted to undergraduate students agreeing to the following policies:

1. The undergraduate student **MUST** have sufficient, previous research experience to pose no danger to others in the laboratory.
2. Undergraduate students are **NEVER** allowed to work in the laboratory alone. Someone else must **ALWAYS** be present in the laboratory, within sight and hearing, should an accident occur.
3. Should an undergraduate student gain access to the building after hours, and find that the laboratory that they plan to work in is unoccupied, the student **MUST** leave the building **IMMEDIATELY**.
4. The undergraduate student will **NOT** allow building access to any other individual.

I understand and I agree to abide by these policies at ALL times.

Student Signature _____ Date _____

I accept full responsibility to ensure that these policies are strictly enforced in my laboratories.

Faculty Signature _____ Date _____