Independent Study Reservation Request

Fields in white to be filled out by student	*Fields in gray to be filled out by staff*
Name:	Reserved By:
Email:	Time Accepted:
Phone:	Date Accepted:
Project/Group:	Notes:

	Requested Student Pick-up
Day/Date	
Time	

	Staff Confirmation	
	Due	Returned on
Day/Date		
Time		

				Student Initials on Checkout	
Quantity	Item/Description	Inventory Number	Signed Out	Student Confirm	Signed In

Faculty Approval:

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Faculty Signature and Date

The undersigned confirms that they have initialed above equipment as confirmation of condition and contents upon checkout. Furthermore, the undersigned also accepts full responsibility for the equipment received and agrees to reimburse, in cash, the School of Telecommunications of Ohio University for all repair or replacement costs of the equipment received in the event she/he does not return said equipment in as good condition as when received with the exception of normal wear and tear. All judgments to be made by the school of TCOM.

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Student Signature and Date