Request for Extended Loan

Requestor's Name: _____________________________________ Department: ____________________________

Phone number: ___________________ E-mail Address: __________________________________________

Course # (if any): _______________ Semester Requested and Year: ______________________________

Red ID #: ______________________ Purpose of equipment use: _________________________________

Department Chair Name: ________________________________________________________________

Equipment Requested: ________________________________________________________________

Reason for Request: _______________________________________________________________________

Course Number: __________________ Building and Room Number: ______________________________

Requested Checkout Date: _____________ Requested Return Date: ________________ Semester (circle): Fall Spring Other

Important Information about your request:

• Requests for Semester Loan are approved by ITS based on current equipment availability, and are on a first come, first served basis.

• Priority for Extended Loan requests is given to classroom usage.

• ALL approved requests for ‘Extended Loan’ are a MAXIMUM of one (1) semester (plus a winter or summer, if approved)

• You must obtain the approval of your department chairperson before your request can be considered. After you’ve completed this request form, please ask your chair to sign and date the form before sending it on to ITS. Send or fax form to Checkout Counter, ITS, Adams Humanities 1144, mail code 8114 (fax #: 44061)

• Repeat requests will be considered two (2) weeks into the following semester.

• Faculty are encouraged to request equipment from their department or build equipment costs into grant funded projects if equipment is needed on a continued basis or longer than a semester.

• There may be fees for use of ITS equipment. Please see the ITS Fee Schedule or call 594-5691 for details.

• Deadline for winter or summer return is two weeks prior to the start of the new term.

• Your feedback is important to us; we welcome any comments about what we are doing well, and how we might improve our services. Please send feedback to Rbakken@mail.sdsu.edu.

• I understand and agree to the following statements above:

  (signature) ______________________ (date) ______________________

DEPARTMENT CHAIR APPROVAL (required for consideration of request):

  (signature) ______________________ (date) ______________________