

Process for Requesting and Obtaining Student Access to Labs

Outlined on the following page is the process that will be adhered to for faculty members wishing to request that student(s) be granted access to labs. This is being implemented for both consistency and to ensure that the sponsoring faculty member(s) are invested in and assume responsibility for the student(s) working independently under his/her direction. **Please keep in mind that requesting access does not guarantee access.** Only students that are conducting research or creative activities under the direction of a faculty member will be considered for swipe key access.

Process for Requesting Access

1. Faculty member meets with student(s) and determines if access is appropriate and necessary.
2. Faculty member discusses the request with his/her department chair.
3. Faculty member completes and submits the attached form.
4. Student schedules **and** attends appropriate training session(s). These sessions will be designed and conducted by Ms. Jennifer Kearney and/or Mr. Dustin Robbins.
5. Ms. Kearney or Mr. Robbins submits the verification of training to accompany the request form.
6. Approval or denial of request is forwarded to faculty member and appropriate department chair.

Important Points to Note:

1. The faculty member will review expectations of use and behavior with students. Students found to abuse the privilege will have their access revoked and may face discipline outlined in the *Student Handbook*.
2. Students are required to abide by the specific departmental policies and the policies outlined in the *Student Handbook*. This would include producing identification as requested by a member of the School of Natural Sciences and Mathematics faculty or staff, members of the University Police, or any faculty or staff member. Failure to abide by these policies will result in access being revoked.
3. Lab safety and security are to be practiced at all times. **NO** food or drink will be allowed in *any* lab.
4. Sponsoring faculty members are required to provide contact information and assume the responsibility for the students.
5. If the sponsoring faculty member is not in his/her office or on campus when a student is working in the lab the faculty member must identify another faculty member (proxy) willing to accept the responsibility for the student(s) in the lab and be in the same building or in his/her office when the student is working in the lab. If another faculty member is not available the student(s) **must** leave the lab.
6. Any student found to be working without the sponsoring faculty member or designee present in the building or office will have his/her lab access revoked as will **all** other students working with that faculty member.
7. Prior to starting work in the lab the student must notify the sponsoring faculty member or designee to confirm that the student can work in the lab at that time.
8. The sponsoring faculty member or designee will check on the progress and safety of the students at routine intervals until the student leaves the lab.

Request for Student Access

Faculty members requesting student have access to laboratory and other research spaces ***must*** complete and submit this form no fewer than 10 ***working days*** prior to the first date the student access is requested. Authorization is for one semester and must be reapproved each semester. Incomplete forms will be returned without action.

Name of Student: _____

Shepherd University Student ID Number: _____

Student Email: _____ Student Cell Phone Number: _____

Student Emergency Contact Information:

Name: _____ Phone Number: _____

Faculty Mentor Contact Information:

Name: _____

Office Phone Number: _____ Cell Phone Number: _____

Room(s) Access Requested: _____

Please provide a brief description of the reason student access is required (use the back of the form or attached a separate description if necessary):

Verification that student has completed safety training: *Training will be provided by either Ms. Jennifer Kearney or Mr. Dustin Robbins who will provide the certification when training has been completed. Access will not be granted until training has been completed and verified.*

As the faculty member requesting access for the student identified above I am assuming responsibility for any damages to equipment or the physical space. I understand that I will be contacted as necessary regarding room use and questions/concerns regarding the student identified above. I also understand that the student is ***not*** allowed in the room or building outside of normal University hours (Monday – Friday 7 a.m. to 10 p.m.) in my absence or when another faculty member consenting to supervise the student is not present in the same building.

Faculty Member Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____