

**Department of Biological Sciences  
Plant Growth Facility Request Form**



Date: \_\_\_\_\_  
Name of principle investigator: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Purpose:** Teaching: specify course \_\_\_\_\_  
**Research:** provide a brief justification for space and time requirements below

**Required facility:** Greenhouse: specify \_\_\_\_\_ sq. ft. of benchspace  
Growth Chamber: specify number \_\_\_\_\_ 7.5 sq ft chamber(s)  
\_\_\_\_\_ 15 sq ft chamber(s)  
\_\_\_\_\_ 50 sq ft chamber(s)

**Period required:** \_\_\_\_\_

**Watering Instructions**

clear water only \_\_\_\_\_  
fertilizer water only \_\_\_\_\_  
fertilizer water as we think best \_\_\_\_\_  
sub-irrigate only \_\_\_\_\_  
DO NOT WATER \_\_\_\_\_

**Pest Control Instructions**

Apply as needed \_\_\_\_\_  
Contact Dianne before application \_\_\_\_\_  
DO NOT APPLY \_\_\_\_\_

**Autoclave Waste?** Yes \_\_\_\_\_ No \_\_\_\_\_

Subject to availability, a monthly fee of \$50 per chamber will be charged to users outside the Department of Biological Sciences

Submit forms by campus mail to: Dianne White  
Department of Biological Sciences  
University of Calgary