



UNIVERSITY OF MANITOBA
ELIZABETH DAFOE LIBRARY

University
of Manitoba

APPLICATION FOR ASSIGNED STUDY CARREL

PLEASE PRINT

DATE _____

STUDENT I.D. NUMBER _____

NAME _____
Surname Given name

ADDRESS _____

POSTAL CODE _____ PHONE _____

CAMPUS ADDRESS _____

PHONE _____

E-MAIL ADDRESS _____

DEGREE SOUGHT _____ DEPARTMENT _____



FOR INTERNAL USE

APPLICATION RECEIVED DATE _____

APPROVED: YES NO -IF NO, STATE REASON: _____

CARREL OR LOCKER NUMBER _____ ROOM _____

STUDENT CARD ACTIVATED _____ DATE _____

LIMIT OF 2 RENEWALS FOR PhD STUDENTS (3 YEAR MAX) _____

LIMIT OF 1 RENEWAL FOR MASTER STUDENTS (2 YEAR MAX) _____

CARD DEACTIVATED DATE _____ INITIALS _____