RIV Coral Sea	Date	Res for Return co Kyle Weis Grant Eberlo	search Project use of Labs an ompleted form to M (kyle.weis@humbold	d Wet Labs IL Equipment Techs It.edu, 707-826-3691) Iboldt.edu, 707-826-3702)
Name: HSU ID #: Email address: Phone #:			Nam HSU ID Email addres Phone	#. s:
Name: HSU ID #: Email address: Phone #:			Nam HSU ID Email addres Phone	#: s:
Name: HSU ID #: Email address: Phone #:			Nam HSU ID Email addres Phone	#: s:
Project Faculty Sig Advisor	nature Name			Faculty: Your signature is required and signifies that you have reviewed this request and believe the student(s) can complete the project.
Project Title				
CA. Collection Permit #				
HSU Course # Course Title			Check boxes that apply	Senior Project Graduate Thesis Project HSU Course Project Faculty Research
Equipment and Space Required List: Tanks, Aquaria, Work Space, Supplies, Chemicals, ML Staff Help (add pages as needed)				
Start Date			Finish Date	See Page 2

-	STATE UNIVERS	
AN OF	R/V Coral Sea	
JH/		
Hau	VICTAIOTOF B	
3 NA	10th	
	WE LABORATOT	

Humboldt State University Marine Lab Research Project Description for use of Labs and Wet Labs Return completed form to Marine Lab Equipment Technicians

Attach a copy of your proposal or abstract if available.

Director prior to start of the project. Ink maintenance will prevent non-nativ Non-native/diseased species	e species from
Director's signature	Date
al date	
1L staff	
	ıre.

I have read the Marine Lab Guidelines for Use, and have filled out this form completely. I understand the rules and have saved a copy of the guidelines. Upon completion of the project I will return ML equipment, clean tanks, trays, aquaria, and all spaces used. I will inform the ML staff my project is complete.