State Equipment Use Request Sonoma State University Department of Engineering Science

User's Name:			☐ Faculty/Staff	[] Student
Student's I. D. # _		Telephone	#	
Purpose of Loan: [Use		t Work [] Instr in		ducational
Briefly describe yo	ur Sr. Project an	nd why the equip	nent must be chec	:ked out:
Location where eq	-	ısed:		
Equipment Reques	ted:			
Description		EE Tag #	Value \$	Quantity
The "User" is liable for a student, then an acade may be accepted instead	mic hold will be plac	ed on his/her record u		
Equipment must b	e returned to a D	epartment Techi	nician by: Date	e//
Approved By:	Department T Student's Adv Department C	echnician isor hair	Date Date Date	
Received By:	User		Date	
Return Acknowled	Date	. / /		