St. Croix Watershed Research Station
Request for Research Space

1. Name: _____________________________________________________________________

2. Name of approved SCWRS research project _______________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Dates you expect to be working at SCWRS___________________________________

4. Dormitory space or other housing may be available.  
   Indicate what dates you would like to stay at SCWRS.  Dates: ___________ to ____________

5. Do you need desk space? ______ When? ___________ to ____________

6. Do you need lab space? ______ When? ___________ to ____________

7. What do you need in lab? (sink, hood, etc.) ________________________________________
   _______________________________________________________________________

8. Do you need storage space (area)? ____________________________________________

9. Number of assistants you will have ___________________________________________
   Names: ___________________________________________________________________

10. What dates will assistants be at SCWRS? ______________________________________

11. Dormitory space or other housing may be available for assistants. Indicate what dates they
   would like to stay at SCWRS.  
   Dates: ___________ to ____________
   Dates: ___________ to ____________
   Dates: ___________ to ____________

12. Describe additional space/equipment needs (e.g. animal/plant holding facilities):
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

Please submit this application to: Daniel Engstrom, Director
St. Croix Watershed Research Station
16910 152nd St. North
Marine on St. Croix MN 55047
(651) 433-5953; FAX: (651) 433-5924; e-mail: dengstrom@smm.org