

Today's Date ____ / ____ / ____

GELMAN LIBRARY CLOSED STUDY CARREL APPLICATION

Please complete the form below and return it to the Gelman Library Circulation Department

CONTACT INFORMATION (please print clearly)

_____ Last Name	_____ First Name	_____ MI
_____ E-Mail Address	_____ Telephone Number	_____ Cell Phone Number
_____ Street Address		
_____ City	_____ State	_____ Zip code
_____ GWorld Barcode Number (begins with 22882)	_____ GW ID Number	

GW Academic Department or Sponsor

Expected Date of Graduation

Name of Faculty Advisor or Department Chair

Advisor / Chair Telephone Number

Do you have office space anywhere else on campus? ____ Yes ____ No

Place a check mark next to the category that best describes your affiliation with GW:

____ GW PhD candidate beginning / currently writing a dissertation

____ GW PhD candidate preparing for comprehensive exams

____ GW PhD student taking graduate courses ____ Full time ____ Part time

To be completed at the time of room assignment:

Room Number: _____

Date Assigned:
____ / ____ / ____

Date Renewed:
____ / ____ / ____

Date Renewed:
____ / ____ / ____

Date key returned ____ / ____ / ____

Key # ____

Rules of Conduct Agreement

I understand the private research carrel is for my use only. I will not invite anyone else to use the carrel assigned to me nor will I give the key or combination to another person.

I agree to pay \$50 per semester or summer for the use of the study carrel. I will pay all fines in full when I pay for the private research carrel.

I agree to pay a \$75 lock and key replacement charge if I lose the key that is assigned to me.

I will not cover the window or move other library chairs into the carrel. I acknowledge that Gelman library staff will monitor this on a regular basis and will remove window coverings and library chairs that belong to shared student spaces.

I will not leave food in the carrel.

I will only have drinks that are in spill proof containers.

I understand that all items from the GW Libraries collection that I intend to use in my carrel, must be properly checked out to my library record. I further acknowledge that Gelman library staff will monitor this on a regular basis and remove library books that are not checked out.

I will not place anything on the light fixture above the desk.

I will not cause damage to the carrel or its contents. If damage occurs due to my neglect, I agree to fully reimburse Gelman Library for the loss.

I will not hold liable The Gelman Library or The George Washington University for any personal items lost or stolen from my study carrel.

I agree that, if for any reason I must forego the use of the carrel for a continuous period of longer than 2 months I will, remove my personal belongings from the carrel, return the key and allow it to be re-assigned to another user.

I acknowledge that I can only use the room up to one year. No exceptions to this time period will be made as long as there is a waiting list. I agree to vacate the room no later than ___/___/____. If I do not, I will be charged \$25 per day until do.

I understand that I must remove my personal belongings, return the key, and send an e-mail to the study carrel co-ordinator stating that I have vacated the room. If I do not do so, I will be charged \$750 per semester that the room was not available to other students even though I did not use it.

Initials _____

To be completed at the time of room assignment

I acknowledge that I have read the rules of conduct and agree to follow them. If I do not follow the rules of conduct, I forfeit use the room without refund.

Applicant's Signature

Date