



The UNIVERSITY of OKLAHOMA
College of Architecture

Creating/Making Lab

Use Request Form

Semester: _____ Dates requested for use: _____

Instructor: _____

Course: _____ Section: _____ Number of students: _____

Meeting Time(s): _____

Project Title: _____

Safety Training Required: YES NO

Desired Time(s) for Safety Training: _____

Project description including required materials, equipment to be used, required space and other requirements:

Additional information or requests: