



CHRISTOPHER C. GIBBS
COLLEGE OF ARCHITECTURE
The UNIVERSITY of OKLAHOMA

Creating_Making Lab Request Form

Semester_____ Dates requesting_____

Instructor_____ Class_____ Section_____

Studio Time_____

Project Title_____

Description of project or use of the Lab:

Additional Request:

Training (Circle One)

Lab Safety Training (Approx. 3 hrs)

Laser Training (Approx. 45 min)

Students_____

Location: Gould Hall

C_M Lab