

**APPLICATION FOR ASSIGNED STUDY CARREL
GORDON B. OLSON LIBRARY
MINOT STATE UNIVERSITY**

NAME: _____

DEPARTMENT: _____

RANK: _____

PURPOSE: _____

Study carrel assignment renewals are not automatic – you must reapply each semester.

ACADEMIC YEAR: _____

TIME PERIOD:

_____ Fall Semester

_____ Spring Semester

_____ Summer Semester

_____ Other (please specify) _____

By signing below and submitting this application, I acknowledge that I have read and understand the ASSIGNED STUDY CARREL POLICIES. I also acknowledge that should my request for the use of a study carrel is approved, I will abide by these policies.

Signature

Date

Library staff use only: Date email notification sent: _____ Carrel #: _____

Date issued: _____ Date key returned: _____