

Envision Center – Facility Use Request – Research

Principal Investigator

Please supply the requested information about the principal investigator for this research project. This person will have signature authority over the resources allocated to this project and will be responsible for their usage. Students may **not** serve as principal investigators. Graduate and undergraduate students please have your advisor apply. We encourage postdocs to use a project account of their hosting professor.

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>
Department <input style="width: 95%;" type="text"/>	External Projects only: include US Mail Info. Affiliation <input style="width: 95%;" type="text"/> Street Address <input style="width: 95%;" type="text"/>
Bldg/Room <input style="width: 95%;" type="text"/>	
Campus Address <input style="width: 95%;" type="text"/>	
City, State, Zip Code <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	
Electronic mail address <input style="width: 95%;" type="text"/>	Telephone Number (include area code) <input style="width: 95%;" type="text"/>

Please choose one

- Faculty
 Postdoctoral
 University Research Staff
 Other

Project title

Funding Source

- Grant - Award
 Grant-Pending
 Department
 Other
 None

Please explain your project description including your hardware needs.

Envision Center Consulting Request Form

First Name:

Last Name:

Email Address:

Phone Number (xxx-xxx-xxxx):

Research Space:



Tile Wall Display



Access Grid



VR Theater (Wall / Cave)



Motion Capture



Visual Workstation Lab



Other



Haptics Lab

Center Collaborator:

Requested Date(mm-dd-yyyy):

Description of Needed Request:
