

UCSB Undergraduate Researcher Request

Date:

Start Date of Campus Activity by Student:

Student Name:

Permanent Number:

Student Email:

Faculty Mentor:

Faculty Email:

Direct Supervisor (If other than Faculty member):

Supervisor Email:

Faculty Department:

Building and Room of UG researcher:

Local Building Committee Point of Contact:

Brief description of work-environment and student activities:
(Faculty are reminded to update their lab procedure plan with their Building Committee.)

Faculty comments in support of this request:

Student Attestation

By submitting this form, I confirm that I:

- Have reviewed the Office of Research COVID-19 [guidelines](#) and completed any UCSB required COVID-19 safety training,.
- Agree to be tested at the rate required by campus and my faculty PI or direct supervisor will verify each time I am tested.

Student Signature (ink or electronic)

Date

The request should be submitted to the local building committee, respective Dean and Hilary Campbell in the Office of Research (campbell@research.ucsb.edu)