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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Title: | |  | |
| Department/Institution: | | | |  | | | | | | |
| Street Address: | | |  | | | | | | | |
| City/State: | |  | | | | Country/Postal Code: | | | |  |
| Email: |  | | | | | Mobile: | |  | | |
| Name and contact info of your advisor (students only): | | | | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specific calendar dates of visit (subject to approval): | | |  | |
| Purpose of research and taxonomic groups to be studied: | | | | |
| Will you need to examine holotypes? | | Yes | | No |
| Will you need to examine human remains? | | Yes | | No |
| Methods to be applied (e.g., photography, digitizing, caliper measurements, molding, etc): | | | | |
|  | | | | |
| Describe your experience working with museum specimens: | | | | |
|  | | | | |
| Describe any special equipment needs for your visit: | | | | |
|  | | | | |
| Emergency Contact Name: |  | | | |
| Emergency Contact Phone Number: |  | | | |