

University of Idaho Library Study Carrel Application

Date _____

Name: _____

Email Address: _____

Student ID: _____

Academic Year: _____

I have been accepted as a candidate for the Doctor's ____ or
Master's ____ degree in the department of _____
and have an approved thesis topic. I expect to complete my work
and/or receive my degree on [date]_____.

Applicant signature:

Dept. chair or Major professor signature:

Deposit received: