

Request for Use of Satellite Phone
SRSU Graduate Student Center

Requestor: _____ Date: _____
Telephone _____ E-mail Address _____

Intended Use

_____ Graduate student conducting field research
Major Department: _____

_____ Faculty/staff leading a graduate student field trip
Department: _____

List the names of graduate students that will be in attendance (attached separate sheet if necessary):

Describe the purpose of the trip and why a satellite phone is required (if a class field trip, include the course number and title):

Dates Requested

Pick-up Time: _____ Date: _____

Anticipated Return Time: _____ Date: _____

I understand that this phone is to be used in cases of emergency or to conduct legitimate graduate research related business only. All other calls made or received on this phone will be billed to me at the applicable usage rate charged to SRSU by the vendor.

Signature of User

GRADUATE STUDENT CENTER USE ONLY

_____ Phone available for dates requested _____ Phone NOT available for dates requested

Approved _____ Date _____

Deliver completed form to the Graduate Student Center, BAB104.