



**Request for Extended Access of
ENLS Grad Student Office Space**

Student Information:		
Name:	Trent e-mail address:	Name of Supervisor:

- M.Sc.** **Ph.D.**

Students must complete the mandatory return to campus training. If approved, students must agree to share their email address with other students that share the same office. This will enable communication between students for arranging a schedule of use. The schedule of use will ensure that maximum capacity of the office is not exceeded. Authorization to use the office space for extended periods will be revoked for students that are present in the office outside of a scheduled period of use.

- I have completed the mandatory return to campus training**

Student Office Location			For office use only
Building:	Room Number:	Desk Number if applicable	Maximum capacity due to COVID-19

Do you agree to share your e-mail with the other students that occupy your office, arrange a schedule of use and not exceed the maximum capacity of the office? **YES** **NO**

Proposed Office Usage Schedule:							
Recurring?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
YES	AM	AM	AM	AM	AM	AM	AM
NO	PM	PM	PM	PM	PM	PM	PM
List Specific dates and times if not recurring:							

Student Signature:	Date:

Supervisor Endorsement – Please describe the exceptional circumstances underlying the student’s need for extended access to their student office below

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Supervisor Signature:	Date:

ENLS Program Director Signature:	Date: