

## FHS Research Group Space Renewal Request Form

Room # & Workstation#	Name	Emai	I	Position (Research Assistant, PhD, MSc, MPH, PostDoc, Lab Manager, etc.)	Part-time (<30hrs) or Full-time ( >35hrs)	Approx. End Date (Program or contract end date)
*Please atta Please submit req	ch second form should uests to fhsrecep(			orior to the anticip	ated start date.	
Faculty Supervisor or Principal/Co-Investigato			Print full name		Signature/Initials*	
					orm may be emailed in <i>from the supervisor</i>	

Space requests will be considered, based on the Faculty of Health Sciences Space Allocation Principles (06.09.23).