

End Date: _

Graduate Study Carrel Application Form

Staff Initials: ____

•			
Name:			
Degree Program:			
Year of Study:	Barcode:		
UNB Email:	Phone:		
Please briefly explain your need for a grade	uate study carrel:		
And was a second and a second and a second	Diago movido deteilo		
Are you assigned space elsewhere on camp	ous: Ficase provide details.		
LIND and LINDE Librarias are committed to protecting the no	reand information of all library years. The information hold in library records		
	rsonal information of all library users. The information held in library records ation is collected under the authority provided for in the <i>New Brunswick Right</i>		
·	nation on the protection of personal information at UNB, please consult the		
University Secretariat, University of New Brunswick, PO Box	4400, Fredericton, NB, E3B 5A3 www.unb.ca/secretariat (506) 453-4613.		
I agree with the following statements	and conditions:		
1. I am a full-time graduate student.			
2. I will not consume food in my carrel.			
3. I will not use my carrel to tutor, meet with students, or engage in other group activities.			
4. I will be considerate of my fellow graduate stud			
I agree to pay a \$50 fee each term, no later than the 10th of September, January, and May.I agree to pay a \$30 key deposit that will be refunded if the key is returned and the carrel is left in good condition.			
7. I acknowledge that UNB Libraries is not responsible for personal items left in my carrel.			
8. If my student status changes, or if I do not com	ply with the above statements, I will be required to give up my carrel.		
Signature:	Date:		
Submit completed application form to the HIL Commons Service Desk.			
Staff Use ONLY	Paid: ☐ \$50 fee (Sep)		
	□ \$50 fee (Jan)		
Carrel #:	□ \$50 fee (May)		
Date Issued:	☐ \$30 key deposit Staff Initials:		

□ \$30 key deposit *refunded*

Confirmation of Student Status

To be completed by t	he graduate student:	
Name:		
Degree Program:		
Year of Study:	Barcode:	
UNB Email:	Phone:	
To be completed by	the Supervisor or Departmental Director o	of Graduate Studies:
I hereby confirm that the a full-time graduate stude	above-named student is registered with the UNB Sch nt.	ool of Graduate Studies as a
Does this studen	t have private office space elsewhere on campus?	YES or NO
Does this studen	t have shared office space elsewhere on campus?	YES or NO
Managa		
Signature:	Date:	
by graduate students we be considered for one of	braries has reserved a limited number of gradu ho are registered with the UNB Student Access of these designated study carrels, please ask the section below to confirm your registration. All co oply.	ibility Centre. If you wish to e UNB Student Accessibility
(Optional Section) to	be completed by the UNB Student Acces	sibility Centre:
I hereby confirm that the a	above-named student is registered with the UNB Stud	dent Accessibility Centre.
Name:		
Signature:	Date:	

UNB and UNBF Libraries are committed to protecting the personal information of all library users. The information held in library records will be accessible only to database administrators. This information is collected under the authority provided for in the *New Brunswick Right to Information and Protection of Privacy Act*. For more information on the protection of personal information at UNB, please consult the University Secretariat, University of New Brunswick, PO Box 4400, Fredericton, NB, E3B 5A3 www.unb.ca/secretariat (506) 453-4613.