

## Lab Visit Request

Please complete all fields and send to Glass Shop@chemistry.gatech.edu

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

PI/Advisor Full Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

Will the PI be present for the Lab visit?      Yes      No

## Visit Request Information

Lab building: \_\_\_\_\_

Lab room number: \_\_\_\_\_

Preferred Day: \_\_\_\_\_ Preferred time: \_\_\_\_\_ ~ \_\_\_\_\_

2nd Preferred Day: \_\_\_\_\_ 2nd Preferred time: \_\_\_\_\_ ~ \_\_\_\_\_

3rd Preferred Day: \_\_\_\_\_ 3rd Preferred time: \_\_\_\_\_ ~ \_\_\_\_\_

Items of note, of issues to address during lab visit:

If needed please include a description below or attach drawing, picture, etc.  
with your request.

---

---

---

---

---

---

---

---

---

---

Lab visit date: \_\_\_\_\_

Customer signature: \_\_\_\_\_