

Center for Cognitive Sciences
Space Request Form: CCS Members

Name of requestor: _____

Membership status in CCS (check one):

Full Faculty ___ Associate Faculty ___ Affiliate Faculty ___ CCS Postdoc ___

Timeframe (please include a beginning and end date for when the space is needed):

Project for which the space will be used (please include relationship to cognitive science if not evident):

Title:

Brief: description:

Subject population:

Description of space needed (please be as specific as possible, including how many rooms, lab or office space, and any required features such as access to equipment):

Please note: Space is awarded by the Center for Cognitive Sciences (CCS) on a project-specific basis. Therefore, CCS **does not provide permanent lab or office space to individuals. Priority is given for use of CCS common equipment. The CCS cannot accommodate all requests received.**