Gonzaga University Greenhouse & Growth Chamber Space Request Form
(answer all questions to the best of your ability, ask the Greenhouse Coordinator for assistance as needed)

Date of Request: ______________________________

Name(s): ________________________________________

Phone Number ________________________________

E-mail ________________________________________

Status (check all that apply):

☐ Faculty Research ☐ Course Lab Project (Bio 102, Bio 123)

☐ Student Research ☐ Other _________________________

☐ Stock Plant Material

For student research, list faculty mentor: __________________________

Please attach a synopsis of the purpose/goal of your research.

Estimated number of benches, square feet, or chamber(s) required: ____________________

Plant Material to be grown: ________________________________________________________

Expected Time Frame: From __________________ To ________________________________

Conditions:

Temperature Range: ______________________________________________________________

Preferred Greenhouse Light Level: ☐ Full Sun ☐ Partial Sun ☐ Full Shade

Growth Chamber Light Settings: ☐ Incandescent ☐ Fluorescent ☐ Other:_________

Photoperiod: ____________________________

Acceptable Humidity Range: ____________________________

Irrigation Needs: ☐ Mist ☐ Drip ☐ Combination

Describe desired irrigation regime here (frequency and duration):

______________________________________________________________________________

Nutrient Requirements: ____________________________________________________________

Supplies Needed: (give size and number for containers such as pots, trays, and inserts)

☐ Standard Potting Soil ☐ Pots: ____________________________

☐ Sand ☐ Trays: ____________________________

☐ Vermiculite ☐ Inserts: ____________________________

☐ I’ll provide my own sterile media

☐ I’ll provide my own sterile containers

☐ Other: ____________________________

Special Notes:

☐ My work involves fungi, bacteria, or other non-plant organisms

(list:_______________________________)

☐ My work involves heavy metals or other pollutants (list:__________________________)

☐ My work requires a completely pest free environment

☐ My work must not be cross-pollinated

Please read and sign the second page of this form.
Care:  
☐ I/we will be the sole monitor(s) of my/our own plants.  
☐ I/we will regularly monitor the plants; but I/we would like the greenhouse coordinator to assist in monitoring the plants. I/we have provided specific, written instructions for care.  
☐ I/we will NOT regularly monitor the plants. I/we have given the greenhouse coordinator specific, written instructions to care for the plants.

Care Notes or Other Comments:  
☐ Attached to this document  
☐ Listed here:

Space Granted (date and location):

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*I have read Gonzaga University’s Greenhouse User’s Manual or Growth Chamber User’s Manual and agree to the rules and conditions stated within. I will discuss any concerns about greenhouse or growth chamber maintenance with the greenhouse coordinator. I will not attempt to change any environmental or irrigation controllers on my own; nor will I attempt my own pest control. I will not move ANY plants in the greenhouse without prior consent from the greenhouse coordinator.*

___________________________________   ______________
User Signature                               Date

___________________________________   ______________
User Signature                               Date

*I have discussed the above Space Request Form with the listed user(s) and have granted space in the greenhouse for the duration specified above.*

___________________________________   ______________
Greenhouse Coordinator Signature             Date