Student Multimedia Services
QRL Research Laptop Form – Graduate Student
Faculty Advisor Approval & Research Statement of Use
http://is.oregonstate.edu/sms
(541) 737 – 3332

Term/Year: △ Fall ______ △ Winter ______ △ Spring______ △ Summer______

Student Name: ________________________________ Student ID #: ______________________________

Student Phone: _____________________ Student Email: _____________________________

Faculty Advisor Approval

I verify that ________________________________ is pursuing an OSU research project that requires
(Student’s Name)
specific access to a mobile computing device. The sponsoring department or student is either unable to
provide the required laptop technology, or the research project is such that it demands the use of a university-
owned laptop to ensure project success.

Faculty Name: ________________________________ Date: _____________________________

Faculty Signature: _______________________________________________________________________

Needs-Based Research Statement

Please provide a research statement that demonstrates and explains the need to access a university-owned
laptop in order to successful conduct your project. SMS Administrators will assess your request and determine
if we are able to fulfill your request with our limited inventory of QRL laptops. When available, laptops are
available for the duration of the research project, up to an academic term.

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Student Signature: ________________________________ Date: _____________________________

Return QRL Research Laptop Form to: The Valley Library, 2nd Floor Student Multimedia Services Desk