Student Multimedia Services
Graduate/Master’s Research
Faculty Approval for Equipment Checkout
http://oregonstate.edu/is/mediaservices/sms/
(541) 737-3332

I verify that __________________________ is conducting research related to the completion of his or her degree.

Please check the appropriate box(es):

□ Master’s Research
□ Ph. D. or Ed. D. Research
□ This research is for the Course # ________________________

Term/Year:  □ Fall______  □ Winter______  □ Spring______  □ Summer______

Faculty Name (Print): __________________________________________
Faculty Signature: __________________________________________ Date: __________________

Student’s Department: __________________________________________
Student’s Email: __________________________________________
Student’s Phone: ______________________ Student’s ID #: ______________________
Student’s Name (Print): _________________________________________
Student’s Signature: __________________________________________ Date: __________________

Return form to:
Valley Library -2nd floor SMS Desk
Student Multimedia Services
http://oregonstate.edu/is/mediaservices/sms/