SAGA Centre

Koerner Library
1958 Main Mall UBC

Application to use space at SAGA

Submit to the Director of SAGA or the Director of CWaGS

Name:_____

Contact email and tel:_____

Department/program: _____

Rank or year in program:_____

Do you have access to an office or other work space on campus?

Period during which you wish to undertake research at SAGA:
How often, which days, and how many hours a week do you wish to work there?

What type of research will you be undertaking, and what would be the advantage to you of working on it at the SAGA Centre?

Date of application:_____

Statement to be signed:

I agree to abide by the rules of the SAGA Centre regarding the use of the space and equipment, security, and access to the database. I undertake to return the key, for which I will pay a $20 deposit.

Signed:_____

$20 received for key: (CWaGS Admin)

Sign: Date: