

**Composites and Polymer Engineering (CAPE)  
Access Request Form**

**PERSONAL INFORMATION**

Name:

Position (*faculty, staff, student, other – please identify*):

SDSM&T ID Number:

Contact Information:

    Email Address:

    Telephone Number:

**PROJECT INFORMATION**

Project Title:

Project Support (*Private, Industrial, State, Federal; provided agency name e.g. SD Board of Regents or NASA*):

Project Mentor/Manager/Advisor:

Equipment(s)/Instrument(s) to be Used (*anticipated*):

Requested Access:

    Start Date: \_\_\_\_\_

    End Date: \_\_\_\_\_

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Internal Use:

Environmental, Health and Safety Training: No Yes Date: \_\_\_\_\_ User Initials: \_\_\_\_\_

Equipment and/or Instrument Training

1. \_\_\_\_\_ No Yes Date: \_\_\_\_\_ User Initials: \_\_\_\_\_

2. \_\_\_\_\_ No Yes Date: \_\_\_\_\_ User Initials: \_\_\_\_\_

3. \_\_\_\_\_ No Yes Date: \_\_\_\_\_ User Initials: \_\_\_\_\_

4. \_\_\_\_\_ No Yes Date: \_\_\_\_\_ User Initials: \_\_\_\_\_

5. \_\_\_\_\_ No Yes Date: \_\_\_\_\_ User Initials: \_\_\_\_\_