



# Student Cubicle Special Request Form

*Top portion to be filled out by the faculty supervisor/advisor making the request:*

Faculty Supervisor/Advisor Name: \_\_\_\_\_

Cubicle Tenant's Name: \_\_\_\_\_

Cubicle Tenant's Email: \_\_\_\_\_

CUID (if student): \_\_\_\_\_

Category: \_\_\_\_\_ If "Other" was selected, please describe category: \_\_\_\_\_

Is the individual employed with Clemson University? YES:      NO:

➤ ~~Z"MG" gYMMX~~

1. How many hours per week is position? \_\_\_\_\_
2. Describe the nature of employment: \_\_\_\_\_

Justification (why they need a space): \_\_\_\_\_

Home Academic Department (if student): \_\_\_\_\_

Requested Move-In Date: \_\_\_\_\_

Projected Vacate Date: \_\_\_\_\_

*Approvals: To be filled out by authorized personnel:*

Cubicle Number Assigned: \_\_\_\_\_

Approver Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Notes: \_\_\_\_\_