

REQUEST FOR ACADEMIC USE OF CAMPUS NATURAL AREAS
Campus Natural Areas Committee
Michigan State University

Date of permit request: _____

Name of individual or group proposing activity: _____

MSU faculty or staff person responsible for activity: _____

Department/Unit affiliation: _____

Course number (if applicable): _____

E-mail: _____

Phone: _____

Mailing address:

Purpose and description of activity (use additional pages if necessary):

Number of participants in activity: _____

Will the proposed activity primarily involve:

_____ Research _____ Instruction _____ Other (specify) _____

In which Campus Natural Area(s) do you propose to do this activity?

When would the activity occur?

Starting date: _____ Termination date: _____

Frequency of activity: _____

Describe the location of the proposed activity within the particular Campus Natural Area(s), including the size of the area involved. Please attach a map (e.g., Google Earth) of the Campus Natural Area(s) and indicate where the activity will occur.

Will this activity involve manipulation or alteration of the site? If so, describe. Use additional pages if necessary.

Describe the potential short term and long term impact(s), if any, on the Campus Natural Area(s).

Will there be any markers (e.g., stakes, tags, labels, flagging), research equipment (e.g., traps, monitoring devices) or instructional materials installed on the site? If so, describe and indicate **who** will be responsible for removal of the materials and the **date** they will be removed.

The individual responsible for the proposed activity is required and hereby agrees to:

1. Limit the activity and impact on the site to that which is described in this request; an amended request must be filed if additional activity becomes necessary;
2. Identify the project with a marker on the site listing the name of the individual responsible, the project name, the course number (if applicable), the beginning date of the project and the end date of the project;
3. Remove all research or instructional materials and any other remnants or debris from the activity, within 30 days of the project end date;
4. Prepare a brief written report or summary of the activity, including a list of reports, manuscripts, data and data summaries, results, or descriptions of instructional activity, and submit the report to the Director of Land Management, 109 Agriculture Hall, following completion of the activity.
5. Failure to adhere to the above requirements may result in denial of future requests for use of Campus Natural Areas.

Signature of MSU faculty or staff person responsible for project

Date

Title or position

Signature of department head/unit administrator

Date

Title or position

**Submit request to: Beal Botanical Garden
Attn: Alan Prather
408 W Circle Dr. Room 207
East Lansing, MI 48824**

**alan@msu.edu
517-884-0764**