

**THIS APPROVED FORM IS YOUR AUTHORITY TO USE THE ARBORETUM
PLEASE CARRY IT WITH YOU
RESEARCH REQUEST FORM**
(please type or print clearly in ink)

Title of Project: _____

Name of Investigator/User: _____

University/Other: _____ Department or School: _____

Tel: _____ E-mail: _____

Address: _____

Faculty Supervisor of Project: _____

Faculty Signature: _____

Activities (specify types & amounts of materials, collection techniques, Animal Use Protocol No. etc):

Site Modification Requested (if any):

Location (use map on next page): _____

Commencement Date & Duration: from _____ to _____

Date User Form Received: _____ by _____

Date User Form Approved: _____ by _____

Approval Period from: _____ to _____

The Arboretum is interested in your research project. We would like to receive a copy of your project report, manuscript or publication for our files. **Please also credit The Arboretum as the site for your research.**

NOTE:

- The Arboretum reserves the right to charge for the use of the site.
- The Arboretum will charge back to the researcher for any labour/equipment input to the project.
- Please allow **at least 2** working days for an approval decision.
- A PROJECT DESCRIPTION SHEET must be posted at the project site for the duration of the project, if applicable. All attempts to minimize disturbances to wildlife and the site should be exercised.
- Projects must be removed and the site restored to its pre-project condition by the completion date on this form.

Please return your completed form to Dr. Aron Fazekas, Arboretum Research Co-ordinator
afazekas@uoguelph.ca
The Arboretum, University of Guelph, Guelph, ON N1G 2W1
Telephone: (519) 824-4120 x 52356 FAX: (519) 763-9598

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Nature Reserve

Stone Road



The Arboretum,
University of Guelph

Scale 1 : 21.286

