**Request for On-Campus SCP Activities**

Principal Investigator:

Department:

Email:

Cell phone:

Room number(s) of activities:

Name(s) of personnel involved (no graduate students are allowed):

1. Describe the proposed activities.
2. Describe why continuing these activities is essential (i.e., what are the irreversible consequences of suspending this work?)
3. Outline your plan for ensuring the safety of all personnel involved.
4. Provide a timeline for completion of essential operations that minimizes on-campus activities.

**Approvals:**

Chair Date

Dean Date