

**SENIOR PROJECT PARTS REQUEST FORM
(IC's only, NO Equipment)**

STUDENT'S NAME _____, _____ SSN _____
(last) (first)

GENERAL DESCRIPTION OF PROJECT:

PROJECT ADVISOR'S NAME (print) _____

PARTS REQUESTED
(Use the **exact** part number listed on the parts printout!)

PART NUMBER	QUANTITY	DESCRIPTION

ADVISOR'S SIGNATURE _____ DATE _____

NOTE: PLEASE HAVE YOUR ADVISOR SIGN THIS FORM THEN SUBMIT IT TO THE ATTENDENT AT THE SENIOR PROJECT LAB CHECKOUT WINDOW (ROOM 111). PARTS REQUESTED WILL BE READY IN FEW WORKING DAYS.