**Graduate Student Machine Shop Use Assessment**

Student Name: Click here to enter text.

Department: Click here to enter text.

Faculty Advisor: Click here to enter text.

Please list the shop equipment your project will require?

[ ]  Drill press

[ ]  Milling machine

[ ]  Lathe

[ ]  Welding

[ ]  Router

[ ]  Crane

[ ]  Sheet Metal

[ ]  Plasma cutting

Other: Click here to enter text.

What qualifications or experience do you currently have in using the equipment required? (past training, experience, etc.)
What is the time frame of the research you are conducting?
How many hours in an average week do you plan to be in the shop?


For shop personnel

**Area Ranking**

Click here to enter text.:

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]

Click here to enter text.:

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]

Click here to enter text.:

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]

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