



The University of Vermont  
LARNER COLLEGE OF MEDICINE

### Research Swing Space Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

Dedicated Space Requested (describe lab needs):

Shared Space Requested (Ex. Tissue culture, chemical use and storage, small and large equipment):

Occupancy Time Period Requested:

Start Date Requested: \_\_\_\_\_

☐ 1 month    ☐ 3 months    ☐ 6 months

Additional Comments:

Funding Source: \_\_\_\_\_

By signing below, I acknowledge that I have read the Larner College of Medicine Research Swing Space Policy and Guidelines and agree to its terms.

_____	_____	_____	_____
Principal Investigator/Laboratory Supervisor	Date	Department Chair/Director	Date

LCOM Dean's Office Use ONLY:

Assigned Space: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

_____	_____
Dean's Office Approval	Date