REQUEST FOR ACADEMIC USE OF CAMPUS NATURAL AREAS
Campus Natural Areas Committee
Michigan State University

Date: _________________________

Individual or group proposing activity:
_____________________________________________________________________________________

MSU faculty or staff person responsible for activity:
_____________________________________________________________________________________

Department/Unit affiliation: _______________________________________________________

Address __________________________________________________________________________

_____________________________________________________________________________________

E-mail _______________________________________________________

Phone _______________________________________________________

Purpose and description of activity (use additional space/pages if necessary):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Number of participants in activity: ______

Check one of the following as it pertains to the proposed activity:

_____ Research  _____ Instruction (Course # _____)  _____ Other (specify) ____________________

In which University natural area(s) do you propose to do this activity?
______________________________________________________________________________________
When would the activity occur?

Starting date _________________________                     Termination date__________________________

Frequency of activity

______________________________________________________________________________________

Describe in detail the location of the proposed activity within the particular natural area(s), including
the size of the area involved. (A sketch map may be used for this purpose, if appropriate.)

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Will this activity involve manipulation or alteration of the site? If so, describe.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Describe the potential short term and long term impact(s), if any, on the natural area.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________
Will there be any research or instructional materials (e.g., stakes, tags, labels, traps, equipment, etc.) installed on the site? If so, describe and indicate who will be responsible for removal of the materials and the date they will be removed.

The individual responsible for the proposed activity is required and hereby agrees:

1. to limit the activity and impact on the site to that which is described in this request; if additional activity becomes necessary, an amended request must be filed;
2. to identify the project described in this request with a marker on the site listing name of the research project, individual responsible, course number and beginning and ending dates of the project;
3. to remove all research or instructional materials and any other remnants or debris from the activity, within 30 days, upon termination of the project; and
4. to prepare a brief written report or summary of the activity, including any reports, manuscripts, data and data summaries, results, or descriptions of instructional activity, and submit to the Director of Land Management, 109 Agriculture Hall, following completion of the activity;
5. Failure to adhere to the above requirements may result in denial of future requests for use of Campus Natural Areas.

Signature of MSU faculty or staff person responsible for project ______________ Date ______________
Title or position 

Signature of department head/unit administrator ______________ Date ______________
Title or position 

Submit request to: Director, Office of Land Management
246 Spartan Way
East Lansing, MI 48824-3005
Tel: 517-355-3272
Fax: 517-884-0401
Office of Land Management use only

Date received: ________________________________

Natural Area category(ies) involved:
   ____1
   ____2
   ____3

Unit approval obtained (if necessary)? ________________________________

NAC Secretary consulted? ________________________________

NAC or other action necessary? ________________________________

Office of Land Management approval:

________________________________________________________________________
                    ____________________________
Charles J. Reid       Date
Director

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