

W. J. BEAL BOTANICAL GARDEN AND CAMPUS WOODY PLANT COLLECTION  
DIVISION OF CAMPUS PARK AND PLANNING  
412 OLDS HALL  
MICHIGAN STATE UNIVERSITY  
EAST LANSING, MI 48824-1047

517-355-9582

Dear Plant Collections User:

The attached form is for requesting approval to use or collect plant samples (including wood, leaves, flowers, fruits, seeds or spores) in the W.J. Beal Botanical Garden or in the Campus Woody Plant Collections.

Removal of plant material from campus plantings can result in arrest by the Campus Police if you do not have a permit.

Activities which do not include collecting, sampling or research, such as a walking tour, do not require a collecting permit.

This form is not to be used to request a permit for access to plants in the Natural Areas/Woodlots, Horticultural Garden, 4H Childrens' Garden, Landscape Arboretum or Botany Department Conservatory.

If you have any questions, call Campus Park and Planning and ask for the Curator of the W.J. Beal Botanical Garden. Help us help you.

Thank you.

Frank W. Telewski, Ph.D.  
Curator

**REQUEST FOR ACADEMIC USE OF  
W. J. BEAL BOTANICAL GARDEN AND CAMPUS WOODY PLANT COLLECTION  
MICHIGAN STATE UNIVERSITY**

**Please type or Print Clearly**

INDIVIDUAL (PERMIT BEARER): \_\_\_\_\_  
(Status-check one: \_\_\_Faculty \_\_\_Staff \_\_\_Visiting Faculty \_\_\_Student \_\_\_Non-MSU individual)

IF YOU ARE NOT A FACULTY OR STAFF MEMBER PLEASE STATE THE  
MSU FACULTY OR STAFF SUPERVISOR OF YOUR ACTIVITY: \_\_\_\_\_

DEPARTMENT/UNIT AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-mail: \_\_\_\_\_

Statement of Proposed Research and/or Collection  
(use additional space/pages if necessary)

As part of the request for a collection permit, we request that you supply a brief description (Abstract) of your research, instructional or collection activities. Include the species and locations you intend to work. This will be useful in evaluating the impact of your study on the plant collection and the approval of the permit.

Special Considerations  
(use additional space/pages if necessary)

Does your research activity require any special consideration in terms of altering regular maintenance? For example: Will pruning, spraying, weeding, mulching, cutting or fertilizing adversely impact your study? Please remember that a routine schedule of maintenance is conducted on all parts of the plant collection. We can not be responsible for any impact of routine maintenance on your project if we are not aware of your specific needs. We will make every attempt to honor special requests, however, beyond routine maintenance, you are responsible for monitoring, maintaining your study and removing any equipment or labels you installed as part of your research.

Check one of the following as it pertains to the proposed activity  
\_\_\_ Research      \_\_\_ Instruction      \_\_\_ Other (specify) \_\_\_\_\_

If for instruction, please supply course number, title and approximate number of students \_\_\_\_\_  
DATES OF PROPOSED ACTIVITY: \_\_\_\_\_

Will there be any research or instructional materials (e.g., stakes, tags, labels, traps, equipment, etc.) installed on the site? If so, describe.

Describe the potential short term and long term impact(s), if any, on the plant(s) to be studied or sampled.

The individual responsible (Permit Bearer) for the proposed activity agrees:

1. to limit the activity and impact to the plants described in this request; if additional activity becomes necessary, an amended request must be filed;
2. to remove all research or instructional materials and any other remnants of the activity upon termination of the project; and
3. to prepare a brief written report or summary of the activity, including any reports, manuscripts, publications, data summaries, results, or descriptions of instructional activity, and submit to the Curator of the W. J. Beal Botanical Garden and Woody Plant Collection, 412 Olds Hall, following completion of the activity.
4. Please acknowledge the W. J. Beal Botanical Garden and/or Campus Woody Plant Collection, Michigan State University in any publications.

\_\_\_\_\_  
Signature of Researcher (Permit Bearer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of MSU faculty or staff person responsible for project (if needed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title or position

**NOTE: The Curator assumes no liability for damages or injuries associated the use of this permit.**

Submit request to: Curator, W.J. Beal Botanical Garden  
412 Olds Hall  
East Lansing, MI 48824-1047  
Phone: 517-355-9582  
Fax: 517- 432-1090

FOR OFFICE USE ONLY:  
PROJECT # \_\_\_\_\_