

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
 109 Agriculture Hall
 Tel. 355-3272

Office of Land Management use only

Date received: _____

Natural Area category(ies) involved:

- ____ 1
- ____ 2
- ____ 3

Stewardship unit(s) responsible for area(s):

- ____ CPP
- ____ FOR
- ____ OLM

Unit approval obtained (if necessary)? _____

NAC Secretary consulted? _____

NAC or other action necessary? _____

Office of Land Management approval:

Charles J. Reid
Director

Date

Rev. 4/2002