

# One-Time Class Visit Request

## Clements Library

Class Title \_\_\_\_\_ Class Number \_\_\_\_\_ Number of Students \_\_\_\_\_

Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_ TIME \_\_\_\_\_

(Please submit three dates that you would prefer, with Date 1 being the most preferred)

Department \_\_\_\_\_ Instructor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

### Specific Space Requested

Main Room \_\_\_\_\_ Reading Room \_\_\_\_\_ Other \_\_\_\_\_

**\*\*Permission to use the Clements Library is completely at the Director's discretion\*\***

*User's must agree to observe the following conditions*

*\*Inform all students of Library rules, and ensure that students adhere to these rules.*

*\*Instructors using the building are responsible for the conduct of their students*

**PLEASE NOTE THAT THIS FORM MUST BE COMPLETE & FORMALLY APPROVED  
BEFORE WE CAN ASSIST YOU WITH THE CLASS  
WE REQUIRE A MINIMUM 2-WEEK ADVANCE NOTICE**

**OVER ►►**

I agree to observe the conditions listed above.

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

Approved by Director \_\_\_\_\_ Date \_\_\_\_\_

J. Kevin Graffagnino, Director

Remarks/Special Requests

\_\_\_\_\_  
\_\_\_\_\_

Please return the signed agreement to: Clements Library, University of Michigan, 909 S. University Ave.,  
Ann Arbor, MI 48109-1190  
fax (734) 647-0716 telephone (734) 764-2347

First Contact at Clements Library \_\_\_\_\_

Clements Library staff member(s) who will be responsible for class \_\_\_\_\_

What exactly do you want to accomplish with your visit?

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Do you expect that there will be follow-up use of Library materials? If so, what sort?

**PRE-ARRANGEMENTS FOR FOLLOW-UP USE MUST BE MADE IN ADVANCE WITH LIBRARY STAFF**

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**PLEASE SEND ANY ADDITIONAL MATERIALS THAT WOULD BE HELPFUL**  
(ie... class syllabus, class description, group mission)