Request for Technical Support for Instructional Lab Support (CE 98 - 198)
Semester/Academic Year

Title of Class:

_________________________________________________________________
_________________________________________________________________

Name of Faculty Supervisor________________________________________

Student Name  _____________________________________________________

Expected Enrollment: ___

Number of Units this Semester _____

Does the lab have external funding? _____yes _____no

If “yes”, Amount of funding: _________________

Source of funding: ________________________________________________

Start date: ________________ Completion date __________________

Instructional Lab Summary:
1. Attach a summary of the laboratory support required including the scope, objectives, test setup, equipment, instrumentation, data acquisition and control, and testing procedures.
2. Attach a detailed description of the work requested, including shop drawings of any system to be fabricated or modified.
3. Attach a detailed description of the materials required for the laboratory support, a cost estimate, and the source of funding for the materials.

(Fill in the above and complete items 1-3 before obtaining your faculty supervisor’s signature)

Signature and Approval of Faculty Supervisor: ________________________Date____________

Summary Review
Meet with the Vice Chair for Research and Technical Support (VCRTS):

Professor Mosalam   mosalam@ce.berkeley.edu
733 Davis Hall

The VCRTS will review the lab support request and direct you to staff estimator(s).

------------------------------------------(do not fill in items below this line)------------------------------------------
Who is responsible for ordering materials for this class lab?

_____________________________________________________________________________

Staff Comments:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Estimate of Total Cost of Materials and Labor: ____________________

Vice Chair Comments: ____________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Signature and Approval of Vice Chair for Research and Technical Support

_________________________________________  Date________________________

Professor Mosalam

Signed Request is to be returned to the Instructional Laboratories Manager

Bill MacCracken  maccracken@ce.berkeley.edu
337 Davis Hall