

**St. Croix Watershed Research Station  
Request for Research Space**

1. Name: \_\_\_\_\_
  
2. Name of approved SCWRS research project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Dates you expect to be working at SCWRS \_\_\_\_\_
  
4. Dormitory space or other housing may be available.  
Indicate what dates you would like to stay at SCWRS. Dates: \_\_\_\_\_ to \_\_\_\_\_
  
5. Do you need desk space? \_\_\_\_\_ When? \_\_\_\_\_ to \_\_\_\_\_
  
6. Do you need lab space? \_\_\_\_\_ When? \_\_\_\_\_ to \_\_\_\_\_
  
7. What do you need in lab? (sink, hood, etc.) \_\_\_\_\_  
\_\_\_\_\_
  
8. Do you need storage space (area)? \_\_\_\_\_
  
9. Number of assistants you will have \_\_\_\_\_  
  
Names: \_\_\_\_\_
  
10. What dates will assistants be at SCWRS? \_\_\_\_\_
  
11. Dormitory space or other housing may be available for assistants. Indicate what dates they would like to stay at SCWRS.  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_
  
12. Describe additional space/equipment needs (e.g. animal/plant holding facilities):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this application to:

Daniel Engstrom, Director  
St. Croix Watershed Research Station  
16910 152nd St. North  
Marine on St. Croix MN 55047  
(651) 433-5953; FAX: (651) 433-5924; e-mail: dengstrom@smm.org