

THE COLLEGE OF  
**WOOSTER**

*Independent Minds, Working Together*

**EQUIPMENT REQUEST FORM**

**Date:** Click here to enter text.

**Name:** Click here to enter text.      **Department:** Click here to enter text.

**Phone extension:** Click here to enter text.      **E-Mail:** Click here to enter text.

**Name and type of equipment:** Click here to enter text.

**For what will this equipment be used?** Click here to enter text.

**Why is this equipment needed?** Click here to enter text.

**Does this equipment address a safety issue?** Yes  No

**If Yes, please explain:** Click here to enter text.

**Estimated final cost:** \$Click here to enter text.

**Priority ranking from 1 to 3 (1 being the highest priority):** 1  2  3

**Please send this form to Lisa Crawford in Galpin Hall.**