Uytengsu Teaching Laboratory in Shriram Center

**Workshop Agreement Form**

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**Workshop Name:**

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|  | **Email:** |  |

**Faculty Name:**

*Fill in the table below for all requested room(s).*

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| **Room** | **Requested Date(s)** | **Requested Day/Time**  **(ex: MWF 1-2pm)** | **# of participants** | **Comments** |
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**Name Instructor or TA? SU Email**

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**Workshop Participants:** Please send class roster to mongj@stanford.edu.All participants are required to complete a [safety form](https://docs.google.com/a/stanford.edu/forms/d/e/1FAIpQLSehJxmqGn3wmm1_RkTyP04BZEdCrboMDaT2QtXSQw48lM8fOg/viewform?c=0&w=1) (tinyurl.com/UTLsafetyform) and view lab [safety video](https://uytengsuteachinglab.stanford.edu/safety-information/safety-video) (tinyurl.com/UTLsafetyVideo).

**Workshop description**: (attach separate sheets if more space is needed)

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I, the undersigned faculty sponsor and instructor(s), have requested permission to use unsupervised Teaching Laboratory space in Uytengsu Teaching Center, with the sole purpose of holding a workshop described above. I am taking responsibility for my actions and will NOT hold the Uytengsu Teaching Lab Management team liable in the event of injuries incurred while using this space. Furthermore, **I have read and agree to abide by the policies outlined in the “**[**Uytengsu Teaching Lab Policy**](https://uytengsuteachinglab.stanford.edu/uytengsu-teaching-lab-policy)**.”**

Faculty Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­

Instructor Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_