## Student Group Request to Access the Roof of Broida Hall for Astronomical Viewing

Student groups requesting to use the Broida roof must have the approval of a Physics faculty mentor. At <u>least one official</u> <u>employee of the department must be present on the roof for the duration of the event</u>, i.e. faculty, academic employee (postdoc, researcher), staff member, or graduate student.

| Name of Student                              | Group:   |                                       |   |                            |              |
|--|--|---------------------------------------|---|----------------------------|--------------|
| Name & Email o                               | f Group's Representative:_                       |                                       |   |                            |              |
| Name of Faculty                              | Mentor:  |                                       |   |                            | _            |
| Date for which ro                            | oof access is requested:                         |                                       |   |                            |              |
| From:  | a.m. / p.m.                                      | To:                                   | a.m. / p.m.                                       |                            |              |
| Purpose of reque                             | st:  |                                       |   |                            | -<br>-       |
|  | lance:   |                                       |   |                            | -            |
| •  | telescopes be used?lescope protocol with Physics |                                       |   | brace, is required prior t | o the event. |
| Who will be resp                             | onsible for the correct setup                    | o, use, and return of                 | the telescopes?                                   |                            |              |
| Date of telescope                            | e training/review:                               | · · · · · · · · · · · · · · · · · · · |   |                            |              |
| Name & email of                              | f faculty or staff who will be                   | e present on the roo                  | f for the duration of th                          | ne event:                  |              |
| Name:  |  | Email:                                |   |                            |              |
| Required Signat                              | tures:   |                                       |   |                            |              |
| I approve the use                            | of the Broida roof by                            |                                       | for a one-tim                                     | e astronomical viewi       | ng event or  |
|  | culty Mentor)                                    |                                       |   | Faculty Mentor)            |              |
|  | student group viewing event                      | on the roof of Broi                   |   | and will be pres           | ent for the  |
| Print (Faculty/Dep                           | artment Employee)                                | Sign / I                              | Pate (Faculty/Department                          | nt Employee)               |              |
| I have reviewed t                            | telescope protocol with                          |                                       | on  |                            | ·            |
| Print (Student Group Leader/Representative ) |  | tive) Sign / I                        | Sign / Date (Student Group Leader/Representative) |                            |              |