FLORIDA ATLANTIC UNIVERSITY
DEPARTMENT OF OCEAN & MECHANICAL ENGINEERING

Machine Shop Work Request

First Name: _____ Last Name: _____

Email: _____ Phone #: _____ Position: Student ☐ Faculty ☐ Staff ☐

Department: _____

For Student Requestors:

Z Number: _____ Semester/Year: _____ Major : _____

Status: Freshman ☐ Sophomore ☐ Jr ☐ Sr ☐ MS ☐ PhD ☐

Description of Request:

Engineering drawings must be attached if applicable. No. of Drawings Attached: _____ Desired Due Date: _____

Applicant's Signature: _____ Date: _____

Approval:

Grant Acct. No. to Charge: _____

Faculty Name: _____ Signature: _____ Date: _____

Senior Machine Shop Teaching Instructor Notes:

Total Work Hours: _____ Date Completed: _____ Comments: _____

_____

Send inquiries to: fknapp@fau.edu

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