

Project Description: \_\_\_\_\_  
\_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Professor/Researcher: \_\_\_\_\_

Office/Phone #: \_\_\_\_\_

Students: \_\_\_\_\_

Office/Phone#: \_\_\_\_\_

Plant(s) Botanical/Common Name(s): \_\_\_\_\_  
\_\_\_\_\_

Research Greenhouse: \_\_\_\_\_

Benches: \_\_\_\_\_

Day Temperature Setting: \_\_\_\_\_

Night Temperature Setting: \_\_\_\_\_

Lighting/Photo Period: \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**After hours – emergency contact, call Craig at 616-581-8091**