

Carl R. Woese Institute for Genomic Biology Entry Request Form

Sponsoring IGB faculty or designated representative (IGB theme secretary or IGB theme lab manager) must sign or send email authorizing keys. Return form to Room 1601 IGB Gatehouse Reception Desk, 8:30 am-12:00 pm & 1:00-4:45 pm.

First Name: _____ **Last Name:** _____
(As it appears on your passport, driver's license, or I-Card)

Net ID: _____ **UIN #** _____ **Email:** _____

IGB Office/Lab/Cubicle # _____ ***IGB Office/Lab/Cube Phone#** _____
(Room/Phone published in IGB directory)

Dept. Phone #: _____ **Cell:** _____ **Fax:** _____
(optional)

UIUC Home Department & College: _____
(for example, Integrative Biology, LAS)

Permanent Home Address: _____

City State Zip Code

Preferred Address: IGB Department Home **Gender:** Male Female

DRS Online Trainings Required: Yes No **Start Date:** _____

IGB Online Training Required: Yes No

Computer Work Only: Yes No

Faculty Sponsor: _____

Theme Leader or Designate Signature: _____
If no signature, email confirmation with specific room #(s), must be sent by theme leader or designate.

Main Theme

- Administration (ADM) *(applicable for Gatehouse staff & theme secretaries)*
- Anticancer Discovery from Pets to People (ACPP)
- Biocomplexity (BCXT)
- Biosystems Design (BSD)
- CABBI
- Core Facilities (Microscopy/Apotome/Growth Chambers)
- Environmental Influences on Reproductive Health (EIRH)
- Gene Networks in Neural & Developmental Plasticity (GNDP)
- Genomic Ecology of Global Change (GEGC)
- Genomic Security & Privacy (GSP)
- Infection Genomics for One Health (IGOH)
- Microbiome Metabolic Engineering (MME)
- Mining Microbial Genomes for Novel Antibiotics (MMG)
- Multi-Cellular Engineered Living System (M-CELS)
- Omics Nanotechnology for Cancer Prevention Medicine (ONC-PM)
- Regenerative Biology & Tissue Engineering (ReBTE)
- RIPE (GEGC)
- Vivarium (DAR)

Position Type

- Faculty
- Faculty-Affiliate
- Academic Professional/Hourly
- Staff (including civil service)
- Research Staff/Specialist
- Fellow
- Post Doc
- Grad – expected graduation date _____
- UIUC Visitor/Visiting Scholar
- Extra Help
- Undergrad – expected graduation date _____

By signing, I agree to ensure that undergrad follows all campus and IGB COVID-19 regulations including regular testing this semester.

Printed Name: _____

Signature: _____

Upon the end of my stay and returning all key(s) and providing a forwarding address for first class mail, I will be refunded the amount (\$20.00) of my key deposit. I agree not to loan, transfer, give possession of, misuse, modify or alter, or make unauthorized copies of any assigned key(s). If the key(s) issued to me are lost or stolen, I will notify IGB immediately. Upon reissue of said physical key(s), I will be charged a nonrefundable fee of \$20.00. I further accept that if I repeatedly violate this agreement that my privileges of using IGB space and/or resources will be terminated.

Signature: _____

Date: _____