

UNIVERSITY OF CALIFORNIA
HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE
BIOENGINEERING DEPARTMENT

BRUIN CARD ACCESS REQUEST FORM FOR BH/E5/E6

Security and safety of all personnel within the Boelter Hall, Engr 5, Engr 6 are of paramount importance to the units within these buildings and the campus. Access to these buildings after designated hours is a privilege that can only be granted by designated campus officials (Department Chairs for All Academic Units and Designated Managers for Non-Academic Units).

Please fill out this form and submit to: (<https://forms.gle/dmJZvQDNERHhsJoPA>)

Resources: <https://www.bioeng.ucla.edu/resources/>
Staff Assistance: <https://www.bioeng.ucla.edu/staff-2/>

Requester Name: _____ **Email:** _____
Department: _____ **UID#:** _____
Reason for Request: _____

REQUESTED DATES FOR ACCESS	
START:	END:

Status:	Location(s):
Faculty	Boelter Hall (After Hours)
Non-Academic Staff (Full-time)	Eng 5 (After Hours)
Visiting Scholar	Eng 6 (After Hours)
Post-Doctoral	Eng 5 - RM: 5122 (Student Research Offices)
Graduate Student	Eng 5 - RM: 4122 (Student Research Offices)
Student-Employee (Part-time)	Eng 6 - RM: 430 (Li Lab)
Undergraduate Researcher	<i>*Must complete and attach lab safety training/forms*</i>
_____ Other (Explain)	

*"By my signature, I acknowledge that I have read, understand, and agree to the **BE Student Office Expectations, Rules and General Information** (<https://www.bioeng.ucla.edu/wp-content/uploads/bioeng/BE-Student-Office-Expectations-1.pdf>) and all other information provided on this form and applicable forms. I understand that, if I am unable to abide, I can lose my privilege and access to the BE's Grad Student Offices located in E5, Room: 5122/4122, After-Hours Access, Lab Access or whichever may apply for my access request"*

REQUESTOR SIGNATURE: _____ **DATE:** _____
(Required before submitting)

SIGNATURE OF SUPPORT: _____ **DATE:** _____
(Faculty Advisor or Supervisor) *(Required before submitting)*
Print Name: _____

SIGNATURE OF APPROVAL: _____ **DATE:** _____
(Dept. Chair or Dept Manager) *(Required before submitting)*
Print Name: _____

OFFICIAL USE ONLY

Please fill out at Bruin Card activation and deactivation.

Date of Activation: _____ *Staff Signature:* _____

Date of Deactivation: _____ *Print Name:* _____