

PROJECT PROPOSAL

SHOPS + STUDIOS

EMILY CARR
UNIVERSITY OF ART + DESIGN



Every effort will be made to accommodate proposals, though priority is given to scheduled curricular activity

USER

FIRST NAME	LAST NAME	EMILY CARR EMAIL	ALTERNATE CONTACT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECUAD STANDING	PROGRAM	STUDIO COURSE NAME	FACULTY / SUPERVISOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCESS REQUEST

TODAY'S DATE	REQUESTED ACCESS START DATE	REQUESTED ACCESS END DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PRODUCTION AREA YOU ARE REQUESTING ACCESS TO:		
<input type="checkbox"/> Animation (2D / Puppet)	<input type="checkbox"/> Metal Shop (Foundry / Forge)	<input type="checkbox"/> Production Studio / Sound Studio
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Motion Capture / AR / VR	<input type="checkbox"/> Soft Shop (Textiles)
<input type="checkbox"/> Digital Fabrication Lab (Laser / 3DP / CNC)	<input type="checkbox"/> Photo (Wet Lab / Digital)	<input type="checkbox"/> WIP Lab (Electronics)
<input type="checkbox"/> Flexible Materials Lab (Mold Making / Casting)	<input type="checkbox"/> Print Media	<input type="checkbox"/> Wood Shop
HAVE YOU SPOKEN WITH AN AREA TECHNICIAN? <i>Regarding your project.</i>	IF SO, WHO DID YOU SPEAK WITH? <i>Technician name below.</i>	SAFETY AND PROCESS ORIENTATIONS. <i>Have you attended orientations for the area?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

PROJECT

DETAILED PROJECT DESCRIPTION:	MATERIALS:
<input type="text"/>	<input type="text"/>
RATE YOUR SKILL LEVEL. <i>In relation to the project's technical requirements.</i>	SCALE, SCOPE AND VOLUME OF PRODUCTION:
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	<input type="text"/>
HOW FAR INTO THE PROCESS ARE YOU?	FREQUENCY OF PRODUCTION:
<input type="checkbox"/> Early prototype <input type="checkbox"/> In process <input type="checkbox"/> Final fabrication	<input type="text"/>
SPECIFIC DEADLINES:	ANTICIPATED TECHNICAL SUPPORT:
<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY TECHNICAL SERVICES STAFF

TERMS OF ACCESS

TODAY'S DATE	ACCESS START DATE	ACCESS END DATE	MATERIAL CO-OP FEES:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCESS DETAILS:	TECHNICAL SUPPORT PROVIDED:		
<input type="text"/>	<input type="text"/>		
	SPECIAL CONSIDERATIONS OR EQUIPMENT REQUIRED:		
	<input type="text"/>		
USER NAME	FACULTY NAME	TECHNICAL SERVICES APPROVER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	