

**Masonic Cancer Center
Request for Space:**

Date: _____	
Applicant	
Name (degree): _____	
Title: _____	Department: _____
Masonic Cancer Center Research Program: <input type="checkbox"/> Prevention and Etiology <input type="checkbox"/> Genetic Mechanisms of Cancer <input type="checkbox"/> Cancer Detection, Treatment & Survivorship <input type="checkbox"/> Tumor Microenvironment <input type="checkbox"/> Carcinogenesis and Chemoprevention <input type="checkbox"/> Immunology <input type="checkbox"/> Cell Signaling <input type="checkbox"/> Transplant Biology and Therapy	
Phone: _____	Fax: _____
e-mail: _____	
Office location: _____	Campus mailing address: _____
Laboratory location: _____	Number of benches: _____
Do you have any other space outside of Cancer Center Space assigned to you on a permanent or temporary basis from any other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Office Location: _____ <input type="checkbox"/> Laboratory Location: _____	
I certify that the statements herein are true, complete, and accurate to the best of my knowledge. Applicant: _____	
I certify that the applicant is 1) in good academic standing and 2) acknowledge and support the applicant request for Cancer Center Space. Department Chair: _____ <i>or</i> Division Head: _____ Masonic Cancer Center Program Director: _____	

1. Personnel: Include all research and support staff and students.					
Name	Title	% Effort or h/wk ¹	Source of support	Location	Office/Lab

¹Indicate if graduate students are pre or post-orals. h/wk is appropriate for undergraduate and graduate students.

<p>2. Space use and request (limit two pages)</p> <p>a. Describe how you use your research space to accommodate your personnel, laboratory equipment, and to perform experiments.</p>
<p>b. Do you use research space collaboratively?</p>
<p>c. Provide rationale and justification for change in laboratory space assignment (include information on new grants, equipment, and/or personnel).</p>
<p>d. Other considerations.</p>

3. Identify current research projects and describe their relevance to cancer. (limit one page)

4. Publications

a. Attach [NIH Biographical Sketch \(PHS 398/2590\)](#)

5. Financial Support

a. Attach [NIH Other Support \(PHS Form 398\)](#) including amount of annual award.

This information will be used to evaluate your request for space and to make recommendations to the Masonic Cancer Center Director. If you have any questions, please contact Aaron Schilz at schil226@umn.edu or LeAnn Oseth at oseth003@umn.edu or Sandra Wagner at hornx001@umn.edu.

Return completed application to Aaron Schilz with copy to LeAnn Oseth and Sandi Wagner.

Updated: 9/25/20