



University of New Hampshire
NH Agricultural Experiment Station

Macfarlane Greenhouse Facility Use Request Form
Teaching Activities

Date:

Principal Faculty:

Department:

Work phone:

Mobile phone:

Email:

Backup notification - Contact Name:

Mobile phone:

Graduate student(s) or staff associated with this project:

Course Name:

Course number:

(e.g. "SAFS 689")

Enrollment:

Please estimate number of students.

Approximate greenhouse space requirement:

Square feet per month

Months requested for space:

(e.g. "August-November, 2014")

Will the proposed activities require classroom, lab or other space in addition to greenhouse space?

If "Yes," please explain:

Please provide a short description (Why? What? How?) of the proposed teaching activities that would be appropriate for including in the NHAES Annual Facilities Report:

Do the proposed activities generate plant material that requires special handling (pathogens, insect pests, genetically modified, etc.)? If “Yes,” please explain:

Are there potential environmental risks associated with any proposed activities? If “Yes,” please explain:

Special Requirements:

- Temperature range preferred (°F): day _____, night _____.
- Is day length critical?
If “Yes,” please explain:
- Will you require photoperiod or supplemental lighting?
If “Yes,” what is the day/night ratio? _____ hour day / _____ hour night.
- Fertilizer needed (standard is 15-4-15 CalMag at 150 ppm N)?
- Will additional support of greenhouse staff be required in any way other than basic watering, fertilizing, and pest and disease management?
If “Yes,” please describe the additional support requested:

- Will the greenhouse space need to be modified in any way other than the standard bench arrangement? **If “Yes,”** please describe the proposed modification:

- Other requirements (special fertilizers, particular pest or disease concerns, etc.):

NHAES/COLSA response, including any stipulations, etc.:

Signed:

NHAES Macfarlane Greenhouse Manager

NHAES Director’s Office

Contacts:

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