

APPLICATION FOR USE OF THE MARION E. WADE CENTER

NAME: _____

PART 1: CONTACT INFORMATION

Permanent Address:

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY (OTHER THAN U.S.): _____

TELEPHONE #: (____) _____ - _____ EMAIL ADDRESS: _____

PART 2: PURPOSE OF VISIT

AUTHOR(S) OF INTEREST: _____

TOPIC OF RESEARCH: _____

FOR LONG TERM/ ON-GOING RESEARCH: *(Please list which dates you plan to visit the Wade Center, if known.)*

PART 3: PROFESSIONAL AFFILIATIONS AND PUBLICATION INFORMATION (IF APPLICABLE)

INSTITUTION: _____

TITLE OR POSITION: _____ ACADEMIC LEVEL OF RESEARCH: _____

HIGHEST DEGREE COMPLETED: _____ DIRECTOR OF RESEARCH: _____

OTHER PUBLICATIONS: _____

EXPECTED DATE OF COMPLETION/PUBLICATION*: _____

PROPOSED TITLE OF PUBLICATION (This includes books, theses, dissertations, papers, etc.): _____

****Please note that we request a copy of your finished work to be sent to the Wade Center as part of the agreement for using our materials.***

I request permission to use the Marion E. Wade Center for the project described above. I have read the regulations for the use of the Center, agree to abide by them, and plan to deposit a copy of my finished work there.

Applicant's Signature

Date

Type of **Photo ID** Provided (Required): _____

_____ Please add me to the Wade Center email list for news and events.