

GVSU STUDENT CARD ACCESS REQUEST FORM

GVSU Health Campus – CHS / RFH / DCIH Grand Rapids Key Department

CHOOSE ONE:

FIRST NAME: _____ LAST NAME: _____

BLDG HOUR ACCESS

(Access to match CHS / RFH / DCIH building hours)

STUDENT G #: _____

EXTENDED ACCESS (Dean signature req'd)

(Extended hours: Sun. – Sat. 6am-10pm
AND Semester breaks/holidays)

EMAIL ADDRESS: _____

PHONE: _____

START TERM: (please list semester and year) _____ GRADUATION / END TERM: (please list semester and year) _____
RETURN CARD BY END OF THIS TERM TO AVOID FEE

CARD NUMBER: (last 5 digits) _____

PROFESSOR/SUPERVISOR: _____

Or: I don't have a card, please contact the professor listed above

Student Worker, Dept: _____

Internship/Assistantship

Other _____

ACCESS REQUESTED

CSD – Communication Sciences & Disorders:

- CSD Student A:
RFH – 011A, 335, 337A, 339, 342
- CSD Student B:
RFH – 304, 312, 323

MLS – Medical Laboratory Science:
CHS – 413, 421

ICS – Invasive Cardio. Sonography
RFH – 011

- OT – Occupational Therapy:**
CHS – 207, 253, 255, 277
RFH – 121, 122
DCIH – 305
- OT Hybrid: + SP Entrance*

DMS & CVS – Sonography:
RFH – 012

CMB – Cellular & Molecular Biology:

- CHS 505 Storage
- CHS 511 Equipment Corridor
- CHS 513 Chemical/Research
- CHS 527 Research
- CHS 543 CMB Classroom
- CHS 551 Faculty Research
- CHS 559 Biochemistry
- CHS 565 Prep Lab
- CHS 565A Crystallography
- CHS 565C Microscopy
- CHS 565E Autoclaves

Medical Dosimetry:
CHS – 411

PAS – Physician Assistant Studies:
CHS – 312, 315
DCIH – 420

Other _____

RT – Radiation Therapy:
CHS – 415

PT – Physical Therapy:
CHS – 207, 253, 255, 277
DCIH – 115, 312

MAT – Athletic Training:
CHS – 455

I have read the above and agree to return this card before the last day of the "GRADUATION / END TERM" listed above. I agree and understand that I must not transfer my card to another student for any reason. I also agree to pay the \$20 replacement charge should my card not be turned in by end of term listed above (or if lost or stolen). I hereby authorize the University to charge my student account and withhold an additional card until such time that the assigned card has been returned or the replacement charge is paid.

X _____
Student Signature

Date

X _____
Professor Signature (Dean approval also required for extended-hours requests)

Date

X _____
Dean Signature (Dean approval required for extended-hours requests)

Date

X _____
Facilities Services Signature

Date

TIME SPEC. & EXPIRATION (For Facilities Services Use Only):

Date: SBA _____ EXT _____ Facilities Services Initials: _____ Processing Date: _____



Cook-DeVos Center for Health Sciences (CHS) / Raleigh J. Finkelstein (RFH) / Daniel & Pamela DeVos Center for Interprofessional Health (DCIH)
Policy and Procedure for Student Access Cards

Policy Statement

Undergraduate and graduate students at CHS/RFH/DCIH may be granted access to specific offices, University classrooms, and laboratories for authorized purposes under the conditions outlined below. The students requesting access are required to certify that they will abide by all the appropriate GVSU safety and security rules. Failure to do so will result in revocation of their Access Card.

Policy & Procedures

The completion of the Facilities Services Grand Rapids Campuses & Regional Centers GVSU CHS/RFH/DCIH STUDENT KEY REQUEST FORM with the approval of the responsible faculty/staff and appropriate dean. The request must identify specific room numbers.

All requests will be filled for building hours only as posted on the Facilities Service Grand Rapids Web site. Any special requests other than normal building hours must be approved by Program Dean and Facilities Services Grand Rapids. Extended cards will be active Sun. – Sat. 6am-10pm AND Semester breaks/holidays.

Completed CHS/RFH/DCIH STUDENT KEY REQUEST FORMS must be submitted to the Facilities Services Grand Rapids office (or CHS Front Desk). Student cards will be programmed to deactivate at graduation date listed on form.

If a card is damaged/lost, a new card will not be issued until the old card is returned or the replacement fee has been paid.

During those hours outside of scheduled class time, students are required to use the “buddy system,” i.e., to enter and work in groups of two or more. Exceptions to this policy will only be granted on a case-by-case, limited basis upon the written recommendation of the responsible faculty/staff member and appropriate dean.

The responsible faculty/staff member must certify in writing that she/he has instructed the student(s) in the necessary safety practices pertaining to their work and provide a brief written outline of the work identifying any hazardous materials and equipment to the CHS/RFH/DCIH Facilities designate.

I agree to the policies _____

Signature

Print Name

Date

Student G Number