



**ECU Program in Maritime Studies
Equipment Checkout Form**
(TO BE SUBMITTED TWO WEEKS PRIOR TO CHECKOUT)



1. NAME: _____

2. EMAIL: _____

3. PHONE: _____

4. SUPERVISOR: _____

5. PROSPECTUS ACCEPTED? YES NO

6. PERMISSIONS: PERMIT #: _____

PROPERTY OWNER: _____

7. PROJECT TITLE/DESCRIPTION:

(LIST REQUIRED EQUIPMENT ON REVERSE OF THIS FORM)

8. PROJECT DATES: _____

9. DIVE OFFICE APPROVAL NEEDED? YES NO

10. DATE OUT: _____ 11. DATE IN: _____

12. SIGNATURE (STUDENT): _____

13. SIGNATURE (ADVISOR): _____

14. SIGNATURE (STAFF ARCH.): _____



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EQUIPMENT REQUESTED ROSTER

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