I. Request Information

Name:_____________________________________________ Date:____________________
(Requested by) (Date of Submission)

Site Name:_____________________________ Address:_____________________________
(Facility Where Service to be Performed or Delivered) (Location Where Service Delivered)
_________________________________________ Zip: _____________________

Communication Links: Telephone:_____________________ F AX:____________________
E-mail:______________________________ Other:_________________________

Type or Name of Project:_______________________________________________________

Date Request Needed:__________________________________________________________
(Month)           (Date)  (Day)  (Times)

To expedite your request please complete this form in as much detail as possible and send to:
Science Education Programs, 239 Research Complex, University of Missouri-St. Louis, One
University Boulevard, St. Louis, MO 63121-4400. Telephone: 314-516-6226; FAX: 314-
516-6233; E-mail: diley@umsl.edu. Website: www.umsl.edu/~sep/

II. Nature of Request

I am requesting (check all that apply):  ☐ Equipment, ☐ Materials, ☐ Presentation,
☐ Information, ☐ Curriculum; ☐ Curriculum Development, ☐ Assessment Instruments;
☐ Other________________________

A. Materials, Expendables and/or Equipment if Needed

Matrix 1. Specific Request:

<table>
<thead>
<tr>
<th>Name of Item</th>
<th>Description and Use¹</th>
<th>Amount (Units)</th>
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¹Be as specific or describe in as much detail as possible. Additional attachments can be used.

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B. Professional Expertise, Presentation or Resources if Needed
Matrix 2. Description of the Type of Expertise Needed to Accomplish Project or Activity. (Additional attachments may be used.)

<table>
<thead>
<tr>
<th>Area of Request</th>
<th>Description of Service to be Performed (Information, Lesson, Presentation, Workshop, etc.)</th>
<th>Time Period</th>
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C. Curriculum Resource of Lesson if Needed
1. Outline of the nature of the instructional plan
   a. Overall objectives of the lesson or activity requested.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b. Specific subject matter and/or concepts to be addressed.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

   c. What process skills are requested to be addressed?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Office Information for Processing
Date Request Received: ____________________ Date Filled: ____________________
Contact: ____________________ Communication: ____________________
Disposition: ____________________