



The University of Missouri-St. Louis
 University Service to the Community
REQUEST FOR SERVICES
Science Education Programs



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: _____ FAX: _____

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:

Name of Item	Description and Use ¹	Amount (Units)

¹Be as specific or describe in as much detail as possible. Additional attachments can be used.
U-Serve is a Partnership between the University of Missouri-St. Louis and the Community it Serves

Matrix 2. Description of the Type of Expertise Needed to Accomplish Project or Activity.
 (Additional attachments may be used.)

Area of Request	Description of Service to be Performed (Information, Lesson, Presentation, Workshop, etc.)	Time Period

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: _____

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