

Appendix 1  
South Farm Aquaculture Unit  
Request for Space Use

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Does the Principal Investigator have a MAFES appointment?     Yes     No

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

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Account number from which funding is derived: \_\_\_\_\_

Type space desired:     Pond Number \_\_\_\_\_     Raceway Number \_\_\_\_\_

Aquaria Number \_\_\_\_\_    Other \_\_\_\_\_

Species to be cultured: \_\_\_\_\_ Number needed: \_\_\_\_\_

Size: \_\_\_\_\_ Stocking Date: \_\_\_\_\_ Harvest Date: \_\_\_\_\_

Feeding Responsibility:     Farm     Student    Name \_\_\_\_\_  
    Principal Investigator     Research Associate

Type of feed desired: \_\_\_\_\_

(Project feed costs will be billed monthly to the designated account)

Signature of Principal Investigator: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approval:

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Mack Fondren, Facilities Coordinator Date

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Dr. Bruce Leopold, Professor and Head, Wildlife and Fisheries Date

Please email form to [mfondren@cfr.msstate.edu](mailto:mfondren@cfr.msstate.edu)