

Collections Access Form – BZU Course Instructors (Birzeit University Museum – Collection Department)

Date:	
Name:	Phone Number:
College/Dept./Institution/Center:	
Position:	E-mail:
Course Number:	
How do you know about our collections?	
Brief Course Description (how is the BZU Muse	um included in this course description):
Describe the purpose of your research and/or the project you are working on:	
Please describe the materials you wish to see w	vith as much details as possible:



Type of access requested (check all that apply): □ Examine artifacts. □ Have Museum photograph specimens. □ General tour. Other:	aw specimens yourself.	
For Museum use only		
Approved by Museum Director:		
Types of access granted: □ Examine artifacts. □ Have Museum photograph specimens. □ General tour.	cimens yourself.	
Dates and hours assigned:		
Signing of the museum employee:		

