

## ME416 Design Project: Request to Check Out Items to Work Off-Campus

Project Name and Sponsor: Eye Tracker (Gleason Institute)

Primary Contact Name: Leif Harfst

Primary Contact E-Mail: leif.harfst@wsu.edu

Primary Contact Phone #: 5099302361

Project Scope:

Design and build a standardized testing rig to assist in the characterization of remote eye trackers

Work to be completed off-campus:

Everything except for 3-D printing and machining will be completed off-campus.

Location where work will be completed (physical address): 423 NE Morton Street, Pullman WA, 99163

Date item(s) will be returned to WSU Pullman: 12/18/2020

Expected condition of item(s) returned: .

Assembled into complete test rig. Ready for next semester's team.

By signing this form, I agree to use the items checked out for the sole purpose of completing the ME416 design project as outlined above. Due to COVID-19 restrictions, our project is unable to be completed in the lab and is approved to be completed at an off-campus location. I understand that all items taken from campus are the property of WSU and need to be returned to WSU once the project is complete.

Leif Harfst	<b>Leif Harfst</b>	10/13/20
Printed Name	Signature	Date

As the faculty member in charge, I approve the above mentioned group to check out items for the completion of their ME416 project. I understand that I am responsible for the items being checked out and will work with the group to ensure all items are returned at the agreed upon date. I will also provide any necessary safety guidance for proper use of any tools.

_____	_____	_____
Printed Name	Signature	Date

[illegible]