

NORTHERN ILLINOIS UNIVERSITY
BIOLOGICAL SCIENCES
ENVIRONMENTAL GROWTH CHAMBERS

Project Description: _____

Project Start Date: _____ Project End Date: _____

Professor/Researcher: _____ Office/Phone #: _____

Students: _____

Office/Phone#: _____

Plant(s) Botanical/Common Name(s): _____

Research Growth Chamber: _____

Day Temperature Setting: _____

Night Temperature Setting: _____

Lighting/Photo Period: _____

Comments/Instructions: _____

After hours – emergency contact, call Craig at 616-581-8091