Georgia State University Library
3D Laser Scanning Kit

SCOPE OF WORK

Name:

Title:

Department or Unit:

Status: ◯ Faculty ◯ Staff

Indicate if you are a: ◯ Full-time GSU Employee ◯ Part-time GSU Employee

Panther#:

gsu.edu email address:

1. Describe your intended use of the 3D Laser Scanning Kit.

2. Describe how your use will engage students in research and learning.

3. Provide a timeline for your project.
   Note: The standard loan period is for seven (7) days. Longer requests will be considered. Loan period is not to exceed one spring or fall semester (or two months during the summer).