

Field Land Use Request - UF/IFAS Plant Science Unit and Education Unit

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Date:	
Faculty Name/PI:	
Phone:	
Email:	
Is this a New or Existing Study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Project Start/Planting Date:	
Project End Date:	
Crop:	
Preferred Site Location:	
Describe Experiment/Objectives:	
Number of Rows:	
Bed Spacing:	
Plastic Mulch:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drip Tubing:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maintenance Requests:	
Fertilizer	N <input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/>
Minors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fumigation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Herbicides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insecticides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fungicides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nematicides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any special needs for the study:	