Millersville University, Digital Learning Studio

3D Printing Request Form

Name: ________________________________
M#: ________________________________ Email: ________________________________
Date: ________________________________ Time: ________________________________

Printing Preferences (Leave Blank if Unknown)

File Name/s: ________________________________
Color/s: ________________________________
Infill %: __________ Support: YES / NO Educational Use: YES / NO
Resolution: _______ Raft: YES / NO

Other Specifications (orientation of print, supports required, Multiple pieces)

____________________________________________________________________________________
____________________________________________________________________________________

For Use By DLS Staff

____________________________________________________________________________________
Acceptable Use Policy on File: YES/NO
Estimated print time: ________________
Weight: ________________ Cost: ________________

☒ File in DLS Google Drive
☒ Verify and Repair in NetFabb
☒ Adjust settings in Simplify3D
☒ Save to SD Card 1 / 2 - File Name: ________________________________
☒ Printed Date: ________________
☒ Paid Date: ________________ (e-mail the requester upon completion)