



ALTERATION AND RENOVATION REQUEST FORM

Name: _____ Department: _____

Contact Information: _____ Date: _____

What is being requested? (Include detailed location, and as much information as possible. Do not include a list of dissimilar projects; use a separate form for each project requested. Use a separate page for description if needed.)

How many people will be affected by this alteration/renovation?

Department: _____ Community: _____

How will this affect the area's functions?

Are there any particular time constraints? (Example: Not while classes are in session or summers only)

Do you have access to funds that could be used to complete this project?

Yes No Amount: \$ _____

If self funded, encumbrances must be spent in current Fiscal Year? Yes No

Is this a space planning request? Yes No

If yes, are you also requesting construction of the approved design? Yes No

Approvals:

Department Head/Chair: _____

{Note: Your approval indicates conformance to your department's plans}

Comments:

Dean/Director: _____ Provost (Academic Divisions only): _____

{Note: Your approval indicates conformance to your division's plans}

Comments: