

**Academic Space Management
Space Modification/Remolding Request
Annual Building Facilities Survey**

Academic Year: _____

Building: _____

Room #: _____

Contact Person: _____

Phone: _____

DEAN'S PRIORITY RATING: _____

(No. 1 being the highest priority of the College)

DETAILED DESCRIPTION OF WORK REQUIRED

Describe scope of work, function and use of space after renovation. Use one sheet for each request. If more than one room is affected, include all appropriate room numbers. Attach copies of layouts and equipment specifications when appropriate. If renovation is to support a new faculty member, provide faculty name, phone number of contact person, and date of faculty arrival.

Identify if any funding is available to support the project; list fund amount, source, and account number

Approvals: _____

Chair/Director

Academic Space Management, Director

Deans Office - Dayle Seidenspinner-Nunez