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