

**CAMPUS PLANNING & DESIGN  
FACILITIES IMPROVEMENT REQUEST FORM**

Date \_\_\_\_\_

Requestor \_\_\_\_\_  
 Requesting Department \_\_\_\_\_  
 Work Order # \_\_\_\_\_ Project Order # \_\_\_\_\_  
 Email address (UUID) \_\_\_\_\_  
 Requestor's Phone \_\_\_\_\_  
 Desired Project Completion Date \_\_\_\_\_  
 Dean/Vice President \_\_\_\_\_  
 Department Contact \_\_\_\_\_  
 Department Contact Email \_\_\_\_\_  
 Financial Manager \_\_\_\_\_  
 Department \_\_\_\_\_

\_\_\_\_\_  
**Estimate Only**  
**For Execution**

Is Funding Available? \_\_\_\_\_yes \_\_\_\_\_no

Department Contact Phone # \_\_\_\_\_

Building \_\_\_\_\_ Room # \_\_\_\_\_

**Brief Project Description**


**SPACE REQUIREMENTS**

- ☐ CHANGE IN SPACE TYPE  
☐ CHANGE IN SPACE USE  
☐ RECONFIGURE EXISTING SPACE  
☐ NO IMPACT ON SPACE

**ADDITIONAL CONSIDERATIONS:**

- How is the space currently being used? \_\_\_\_\_
- Do improvements include new furniture or equipment or modifications to existing furniture? If so, are power and/or data needed? \_\_\_\_\_
- Does the project include changing ceilings, doors, floors, or walls? \_\_\_\_\_
- Are there any special security requirements: alarms, cameras, etc.? \_\_\_\_\_
- Do you need sinks, water service or any other plumbing? \_\_\_\_\_
- Does work require upgrades to electrical or data? \_\_\_\_\_
- Does work impact HVAC? \_\_\_\_\_

**GENERAL COMMENTS/REMARKS** \_\_\_\_\_

*Add photos and/or sketches if possible. Please define/describe equipment/fixtures or attach catalog page.*