FORM A

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 ________________

Is Funding Available? ______ yes ______ no

Dean/Vice President____________________________

Department Contact __________________________

Department Contact Email ______________________

Financial Manager ______________________________

Department ____________________________________

Building________________________ Room #__________

Brief Project Description

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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.