

**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 Signature _____
 Vice President Signature _____
 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.