Renovation/Space Utilization Request Form

Requestor: ____________________________  Date: ____________________________
Telephone: ____________________________  Email: ____________________________
Department: ____________________________  Box No: ____________________________
Building: ____________________________  Room No: ____________________________

Fiscal Year: __________

____ Space Assignment Request
____ Renovation Request

Project Description and Objectives: [briefly describe your request]

Justification of Need:

How Will Project Be Funded: (provide an index number, if available)

____ Department Funding  Index#: ____________________________
____ Grant Funding  Grant Agency: ____________________________
____ Other Funding Source  Identify Source: ____________________________
____ No New Costs  ____________________________

Budget Available (if known) $______________

Approvals

__________________________  ____________________________  ____________________________
Chair  Dean  Vice President

(Requestor to obtain above signatures and forward to Barbi Worley at lrylorley@etsu.edu or Box 70653)

Facilities Recommendations:

__________________________

Chief Operating Office Action:

__________________________

Other (if applicable):

__________________________

__________________________