

MINOR PROJECT REQUEST FORM

Facilities Planning Department

(For requesting work through Facilities Planning)

Thank you for requesting work through Facilities Plannin	g. For Facilit	ies Planning Use Only
Please provide all information required below, obtain the	signature P-	
of your Dean/Director and Provost/Vice President, then for	orward to: Pr	roject Number
Facilities Planning Department, Campus Operations		
Building CO-69 Room 107	Assigned C	Coordinator / Telephone
Your project request will be reviewed and assigned a pro		
coordinator. A copy will be returned to you at the addres		rector / Date
provided below. The assigned coordinator will contact ye		
specific details of your project, as soon as the coordinate	or's schedule allows. Physical	Plant Representative
Bequesting department must complete this section		
Requesting department must complete this section. Requestor's Information:		
Requestors mormation.		
Name:	Date [.]	
Requestor's Campus Address:	email:	
· · · · · · · · · · · · · · · · · · ·		
Telephone Number:	Fax No.:	
5 / / / /		
Department Name:		
Project Information:		
r toject mormation.		
Building:	Room Number(s):	
	· · · · · · · · · · · · · · · ·	
Budget: Fund:	Org:	
A funding source must be identified for any wor	k requested.	
Description of work being requested:		
Departmental and Divisional Approvals		
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The requested work has been reviewed and is approved. It is understead that funding for this project is the		
The requested work has been reviewed and is approved. It is understood that funding for this project is the requesting department.		
Approval is required of both the department Dean / Director and the Provost / Vice President.		
	and reveels the revealed reader.	
Dean/Director:	Print Name:	Date:
Provost / Vice President:	Print Name:	Date: