

Construction/Renovation Special Project Request Form (SP1)

Please answer all questions, attach additional pages as necessary, complete signature block, print form and fax to Construction/Renovation at 898-2298 or mail to Box 32.

Describe Project / Program and Identify Funding Source

Building Name & Room Number(s)

Date

Contact/Requester

Department

Phone

Email

Index Number

Please explain why this project is necessary. (*Use additional pages as necessary*)

Please define the scope of the project. Tell us everything you hope to accomplish. (*Use additional pages as necessary*)

Department Approval

Priority Level

High (within the next semester)

Med. (*within two semesters*)

Low (*within two years*)

Department Chair/Director's Name (Print)

Chair/Director's Signature

Date

College/School Approval

Priority Level

High (within the next semester)

Med. (*within two semesters*)

Low (*within two years*)

Dean/AVP's Name (Print)

Dean/AVP's Signature

Date

If assistance is needed in completing the form, please call (615) 898-5699.