



Facilities Planning Department

## MINOR PROJECT REQUEST FORM

(For requesting work through Facilities Planning)

<p>Thank you for requesting work through Facilities Planning. Please provide all information required below, obtain the signature of your Dean/Director and Vice President, then forward to:  <b>Facilities Planning Department, Campus Operations Building CO-69</b>  <b>Attention: Associate Director</b></p> <p>Your project request will be reviewed and assigned a project number and a coordinator. A copy will be returned to you at the address you have provided below. The assigned coordinator will contact you regarding the specific details of your project, as soon as the coordinator's schedule allow.</p>	<p style="text-align: center;">For Facilities Planning Use Only</p> <p style="text-align: center;"><b>P-</b></p> <hr/> <p style="text-align: center;">Project Number</p> <hr/> <p style="text-align: center;">Assigned Coordinator / Telephone</p> <hr/> <p style="text-align: center;">Associate Director / Date</p> <hr/> <p style="text-align: center;">Physical Plant Representative</p>
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Requesting department must complete this section.

**Requestor's Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Campus Address: \_\_\_\_\_ email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Department Name: \_\_\_\_\_

**Project Information:**

Building: \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Budget: \_\_\_\_\_ Fund: \_\_\_\_\_ Org: \_\_\_\_\_

Description of work being requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Departmental and Divisional Approvals:**

The requested work has been reviewed and is approved. It is understood that funding for this project is the responsibility of the requesting department.  
 Approval is required of **both** the department Dean/Director **and** the Vice President.

Dean/Director: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_