

**CAMPUS DEVELOPMENT AND SPACE COMMITTEE
REQUEST FOR COMMITTEE ACTION**

REQUEST FOR: (Check all that apply)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Additional space |
| <input type="checkbox"/> | Off-campus rental authorization |
| <input type="checkbox"/> | Renovation, remodeling, or construction of an area |
| <input type="checkbox"/> | Change of room use (office to classroom, classroom to lab, etc.) |
| <input type="checkbox"/> | Exterior building modifications (inc. signage and landscape work) |
| <input type="checkbox"/> | Naming of a room or building |
| <input type="checkbox"/> | Other: _____ |

REQUESTING DEPARTMENT NAME: _____

FUNDING SOURCE:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Request for funds from general budget. Estimate cost: _____ |
| <input type="checkbox"/> | Project to be funded from departmental budget. Funds are available in account number _____. Estimated cost: _____ |

REASON FOR REQUEST (justification of need):

Contact person for inquiries concerning this request:

_____	_____	_____
Name	Telephone No.	Location (Bldg., Room No.)

SIGNATURES:

_____	_____
Requester	Date
_____	_____
Department chair / Manager	Date
_____	_____
Dean / Director	Date
_____	_____
Provost / Vice President	Date

When all required signatures have been obtained, including Provost's / Vice President's, return to:

Please complete applicable information on reverse side of this form.