



Appendix A

Renovation/Space Utilization Request Form

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

Fiscal Year: _____

Space Assignment Request

Temporary 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

Chair

Dean

Vice President

(If there is a space request that deals with more than one college, both Dean signatures are required.)

(Requestor to obtain above signatures and forward to spacerequest@etsu.edu or Box 70653)

Facilities Recommendations:

Chief Operating Office Action:

Other (if applicable):
