



## 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 [spacerrequest@etsu.edu](mailto:spacerrequest@etsu.edu) or Box 70653]**

**Facilities Recommendations:**

**Chief Operating Office Action:**

**Other** (if applicable):