

Class/Office Room Renovation Request

Budget Year _____

If your department anticipates a class or office renovation during the next budget year due to changing needs or grant requirements please complete the form below.

Department Number: _____

Room Number(s): _____

Department Chair: _____

Contact Person: _____

Time Frame for Completion: From: _____

ext. _____

ext. _____

To: _____

Grant Funded: Yes No

Grant Title _____

Grant \$ for Renovation

\$ _____

Approved PBIE Initiative: Yes No

Year Approved _____

AVP/ VP Approved: Yes No

Renovation Required: Yes No

Statutory Voluntary

New Flooring Required: Yes No

Carpet Tile

IT Requirements: Yes No

If yes, provide details:

Construction Requirements Yes No

If yes, provide details:

Electrical Requirements Yes No

If yes, provide details:

Plumbing Requirements Yes No

If yes, provide details:

Furniture Replacement: Yes No

Est. Furniture Cost \$ _____

IT Equipment Disposal Yes No