



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 (Required for Temporary Space Assignments during COVID-19)

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):