APPENDIX A
Renovation/Space Utilization Request Form

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

Fiscal Year: ________
_____ 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

(Requestor to obtain above signatures and forward to Barbi Worley at lyworley@etsu.edu or Box 70653)

Facilities Recommendations:

________________________________________________________

Chief Operating Office Action:

________________________________________________________

Other (if applicable):

________________________________________________________