



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):