EAST TENNESSEE STATE UNIVERSITY

Request#: _____
(To Be Filled in by Facilities)

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
☐ Grant Funding
☐ Other Funding Source
☐ No New Costs

Index#: _____
Grant Agency: _____
Identify Source: _____

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):