



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):