# 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

Budget Available (if known) $________________

**Approvals (Not required for Temporary Space Assignments)**

(Complete awards form and forward to Laura Bailey at BAILEYLE1@etsu.edu or Box 70653)

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<th>Vice President</th>
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Facilities Recommendations:

______________________________

Chief Operating Office Action:

______________________________

**Other** (if applicable):

______________________________