| 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)

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**Justification of Need:**

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**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) $________________

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**Approvals**

<table>
<thead>
<tr>
<th>Chair</th>
<th>Dean</th>
<th>Vice President</th>
</tr>
</thead>
</table>

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

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**Facilities Recommendations:**

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**Chief Operating Office Action:**

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**Other** (if applicable):

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