

**Academic Space Management  
Space Modification/Remodeling Request  
2007-2008 Annual Building Facilities Survey**

Building: \_\_\_\_\_

Room#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**DEAN'S PRIORITY RATING:** \_\_\_\_\_  
((No. 1 being the highest priority of the College)

DETAILED DESCRIPTION OF WORK REQUIRED

Describe scope of work, function and use of space after renovation. **Use one sheet for each request.** If more than one room is affected, include all appropriate room numbers. Attach copies of layouts and equipment specifications when appropriate. **If renovation is to support a new faculty member, provide faculty name, phone number of contact person, and date of faculty arrival.**

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**Identify if any funding is available to support the project; list fund amount, source, and account number**

Approvals: \_\_\_\_\_  
(Dean/Director)

\_\_\_\_\_  
Academic Space Management, Director

