# **Space Renovation Request Form**

Date: Select date of request

*This request is being originated by:*

|  |  |
| --- | --- |
| Your First Name | Your Last Name |
| Email: Click here to enter text. |
| Originating Department |
|  |
| **Scope of renovation requested** *(describe work required and identify options, if applicable)* |
| Describe renovation being requested |
|  |
| **Rationale for proposed space renovation** *(provide justification for project e.g. benefits to program or instruction, departmental efficiencies and administrative practices, as well as impact in not implementing the proposed renovation)* |
| Describe rationale for the renovation being requested |
|  |
| **Impact on Classroom Space Utilization** *(statement on utility of the affected classroom space before and after the proposed renovation, if applicable)* |
| Describe (if applicable) the impact on classroom space utilization. |
|  |
| **Suggested timing for implementation** *(identify any factors impacting the programming of this request)* |
| Suggested timing for renovation |
| Signature of Department Chair: |
|  | Date: Click here to enter a date. |
|  |
| Signature of Dean/Director: |
|  | Date: Click here to enter a date. |