



SPACE MODIFICATION REQUEST FORM

To ADD to, MODIFY or UPGRADE an existing facility or space, please provide all requested information in **Part A** of this form and deliver it to Facilities Management Office, Hubbard-Totton Building, Room 121; Attn: Facilities Management Executive Assistant. **Please note, Incomplete forms will be returned.**

PART A.

TO BE COMPLETED BY APPLICANT

Project Request Date: _____ Department Submitting Request: _____

Contact Person: _____ Email Address: _____ Tel. #: _____

Project Location: _____ Room/Suite #: _____ Estimated Completion Date _____

Total Funds Available for Project : \$ _____ Fund# _____ Org#: _____ Acct#: _____

PLEASE ATTACH A SCREEN SHOT OF YOUR CURRENT BANNER ACCOUNT (FGIBAVL) SHOWING DEPARTMENTAL FUNDS AVAILABLE.

SCOPE OF WORK: Brief Description of Proposed Modifications or Improvements:

Signature: _____ Date: _____
Department Director or Dean as Appropriate

Signature: _____ Date: _____
Director of Title III, Provost or Vice Chancellor as Appropriate

Signature: _____ Date: _____
Chancellor: (Only for the James E. Sheppard Administration Building)

PART B.

ADMINISTRATION & FINANCE / CAPITAL PROJECTS MANAGEMENT USE ONLY.

Cost Estimate or Contractor's Proposal Attached?

Yes _____ No _____

Signature: _____ Date: _____
Associate Vice Chancellor - Facilities Management

PART C.

ITS DEPARTMENT USE ONLY

ITS DEPARTMENT SHALL CONDUCT A FACILITIES ONSITE REVIEW FOR POWER, VOICE/DATA CABLING, TECHNOLOGY CLASSROOM MODIFICATION, & WIFI NEEDS.)

Does the proposed space modification require infrastructure changes to accommodate technology?

Yes _____ No _____

Signature: _____ Date: _____
Director of Network Services & Telecommunications

SPACE ALLOCATION COMMITTEE COMMENTS:
