

UNIVERSITY SPACE AND/OR PROJECT REQUEST FORM

1. REQUESTING DEPARTMENT INFORMATION

Department Name: _____

Requestor Name & Title: _____

Email Address: _____

Phone Number: _____

2. REQUEST TYPE

Other: _____

3. SPACE REQUESTS

Preferred Building/Location: _____

Room Type Needed:

Classroom Offices Conference Room

Lab Space Outdoor Space Other: _____

4. PROJECT SCOPE

Description of Requested Changes:

Justification/Need:

Desired Completion Date: _____

5. BUDGET & FUNDING

Estimated Budget: _____

Funding Source: _____

Is this request tied to a grant, program, or initiative? Yes No

If yes, specify: _____

6. ADDITIONAL NOTES

7. DEPARTMENT SIGNATURE

Name: _____

Signature: _____

Date: _____

8. PROVOST SIGNATURE

Name: _____

Signature: _____

Date: _____

9. AVP FINANCE SIGNATURE

Name: _____

Signature: _____

Date: _____

10. PRESIDENT SIGNATURE

Status: Approved Denied Pending

Assigned Space: _____

Signature: _____

Date: _____

Notes: _____

Once the form has been completed, please email it to Rosio.Salazar@untdallas.edu