



University Repair & Renovation Form

Date: _____

Department/Office: _____

Requesters Name: _____

Description of area to be renovated: _____

Details of required renovation: _____

Cost Estimate (if any): _____

Dept Chair or Director Approval: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Once completed, please forward to the Physical Plant for consideration:

For Office Use Only:

Date Received: _____

Physical Plant Approval: _____

Date Approved: _____ Date Denied: _____

Project # Assigned: _____