SUU SOUTHERN UTAH UNIVERSITY

REQUEST FOR FACILITIES CHANGE

Submit completed, signed form to Cindy Moxley in Facilities Management (FM101)
no later than two weeks prior to quarterly meeting for consideration

Department or office making request:	Date of request:
Description of request: Building: Room #:	

Justification for request:

Cost estimate:

Source of cost estimate:

*Please also include a map of the area and any necessary documentation (limit to 2 pages)

Dept. Contact Name & Phone No.:

Request's relation to: [explain all that apply]:

Mission and Curriculum_____
_____
Student services _____
_____
Infrastructure _____
_____
Institutional support_____
_____
Public service_____
_____
Auxiliary/ancillary support _____
_____
Tenant space _____
_____

Source(s) of funding for request:

Funds from your department: _____

_____
Fund Org Program Account

Campus Planning Committee funds: $_____

Endorsement statement and signature of Dean or Division Head:

_____
Signature Date

Endorsement statement and signature of Provost or Vice President:

_____
Signature Date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Action of Campus Planning Committee: Approved ____ Disapproved ____ Further Study ____
Date of action: _____

Comments:

_____
Signature Date

Last Review Date: June 2016