



**FACILITIES DEPARTMENT - OFFICE OF DESIGN & CONSTRUCTION  
PROJECT REQUEST FORM**

**Please send this completed form via campus mail to ODC, MacMillan Bldg. or Fax 609 258-2298**

**I. CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**II. PROJECT LOCATION:** **Building:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**III. PROJECT SCOPE:**

**Type of Space:**

- Administrative Office
- Academic Office
- Classroom
- Lab
- Dormitory
- Other   
(Please specify)

**Type of Project:**

- Feasibility Study
- Furnishings
- Landscaping
- Renovation
- Accessibility
- Other   
(Please specify)

**ODC USE ONLY:**

**Categories:**

- Preservation of Plant**
- Utility Plant**
- Codes Compliance**
- Energy Conservation**
- Provost / ODC**

**Description of Project:**

(550 characters max.  
Please use separate  
sheet if needed.)

**IV. SOURCE OF FUNDS:**

- Department     Capital Project     Maintenance     Program     Classroom Renovation
- Teaching Lab Renovations     Public Space Furniture     Capital Equipment     Other (please specify)

**Requested Completion Date** \_\_\_\_\_ **Budget Limit:** \_\_\_\_\_

**V. AUTHORIZATION:**

**Department Chair** \_\_\_\_\_  
*Signature* *Date* *Print Name*

**ODC USE ONLY**

<b>Date Received:</b>	<b>Project Manager</b>	<b>Request No.</b>
<b>Paul H. LaMarche</b>		
Vice Provost for Space Programming and Planning		
<i>Signature</i>		<i>Date</i>