

UNIVERSITY OF NEW ENGLAND
Space Request, Renovation or Change of Use Form

Project Title:

Project Initiator:

Phone:

Date:

Project Description and Statement of Need:

1. Project Location:

2. Impact to Others:

3. Budgetary Information:

a. Estimated Expense(s):

b. Proposed Funding Source(s):

4. Schedule:

5. Authorizations:

- | | | | |
|----|---|-------|-------------|
| 1. | _____ | _____ | () Approve |
| | Senior Officer | Date | |
| 2. | _____ | _____ | () Approve |
| | Chair of the Space Committee | Date | |
| 3. | _____ | _____ | () Approve |
| | VP For Institutional Advancement | Date | |
| | (If Fundraising is required or a named space is involved) | | |
| 4. | _____ | _____ | () Approve |
| | Vice President of Operations | Date | |
| 5. | _____ | _____ | () Approve |
| | Provost | Date | |

Please attach additional documentation as necessary.

The completed form, with a complete copy of the materials submitted, is to be returned to:

- 1) Office for Campus Planning: UNEPProjects@une.edu; 2) Chair of the Space Committee: msheldon@une.edu

04/05/2022