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:**
	1. **Estimated Expense(s):**
	2. **Proposed Funding Source(s):**
4. **Schedule:**
5. **Authorizations:**

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ ( ) Approve

**Senior Officer**  **Date**

**2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ ( ) Approve

 **University Space Committee Date**

**3.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ ( ) Approve

**Provost/CFO/President Date**

Please attach additional documentation as necessary.

The completed form, with all materials to be submitted, is to be forwarded to the University Space Committee, c/o the AVP for Campus Planning.

Revised 08.03

.2017