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
      Director of Planning 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 the Office for Campus Planning.

12/02/2019