

**Construction and Renovation Project
Approval Form**

Project _____

Desired completion Date _____

In Strategic Plan Yes No

Project Summary (attach sketch if available)

Facility Construction/Renovations/Funding Source

Projected Construction/Renovation Costs

Funding Sources

Equipment Required (List equipment and costs)

Software Required (List software and costs)

Person Requesting Project _____ **Date** _____

Staff Coordination

Approval/Disapproval - Initials and Date

Dean/Director	<input type="checkbox"/>	<input type="checkbox"/>	_____
AVP	<input type="checkbox"/>	<input type="checkbox"/>	_____
Senior VP Academic and Student Services	<input type="checkbox"/>	<input type="checkbox"/>	_____
VP for Learning Technologies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Director of Facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Director of MIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VP for Administrative Services	<input type="checkbox"/>	<input type="checkbox"/>	_____
VP for Legal Services/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Senior VP for Business and Finance	<input type="checkbox"/>	<input type="checkbox"/>	_____
President	<input type="checkbox"/>	<input type="checkbox"/>	_____