

Construction and Renovation Project  
Approval Form

Project Replace Carpet in HOS 600 with Tile

Desired completion Date Oct. 1, 2016

In Strategic Plan Yes  No

In Master Facilities 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) N/A

Person Requesting Project [Redacted] Date 8/8/2016

Staff Coordination

Approval/Disapproval - Initials and Date

Dean/Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Redacted] 8/8/16</u>
AVP	<input type="checkbox"/>	<input type="checkbox"/>	_____
Senior VP Academic and Student Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Redacted] 8/8/16</u>
VP for Learning Technologies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Director of Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Redacted] 8/10/16</u>
Director of MIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VP for Administrative Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Redacted] 8/10/16</u>
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"/>	_____