

**UNIVERSITY OF COLORADO DENVER
FACILITIES DEPARTMENT
PROJECT REQUEST FORM**

REQUESTING UCD SCHOOL/SECTION: (i.e., SOM, SOD, SON, SOP, CPH, CS&A)

REQUESTING DEPARTMENT: **REQUESTING DIVISION:**

DEPT/DIV REPRESENTATIVE: EXT. BOX #

REQUESTING DEPARTMENT/DIVISION REPRESENTATIVE LOCATION: BLDG: ROOM #

LOCATION OF PROPOSED PROJECT: BLDG: ROOM #

BRIEF DESCRIPTION OF PROPOSED PROJECT:

PROPOSED CHANGE IN SPACE UTILIZATION: YES: NO:

IF YES, PLEASE COMPLETE:			
CURRENT USE		PROPOSED USE	
CLASSROOM	<input type="checkbox"/>	STUDY ROOM	<input type="checkbox"/>
LAB	<input type="checkbox"/>	FACIL. SUPPORT	<input type="checkbox"/>
HEALTH CARE	<input type="checkbox"/>	GENERAL USE	<input type="checkbox"/>
OFFICE	<input type="checkbox"/>	SPECIAL USE	<input type="checkbox"/>

ESTIMATED PROJECT FUNDS AVAILABLE: \$

PROJECT "WINDOW": FROM: TO:
mm/dd/yy mm/dd/yy

FUND ADMINISTRATOR APPROVAL:

RETURN COMPLETED FORM TO: FACILITIES, BOX A-059

FACILITIES USE ONLY	DATE REC'D:	PROJECT TITLE:
	ASSIGNED TO:	DATE:

- | | |
|----------------------|--|
| DISTRIBUTION: WHITE: | FACILITIES-ADMIN. & FINANCIAL SERVICES |
| YELLOW: | FACILITIES-PROJECT & CONST. MGMT. |
| PINK: | FACILITIES-FACILITIES OPERATIONS |
| GREEN: | FACILITIES-HEALTH & SAFETY |
| GOLDENROD: | ORIGINATOR |