Project #:

Status:

Campus Facilities and Operations
Online Project Request Form

*Please fill out all required fields before printing and return signed form via email to Tisha.Alfred@baruch.cuny.edu or fax (646) 660-6031.

1. All required signatures are to be obtained before a project becomes official.
2. All changes are subject to review and approval.
3. Project schedules will be established after all required approvals have been attained.
4. After required approvals are received, you will be contacted by the Campus Facilities office to schedule a meeting and/or walkthrough of the space.

Name of Project*:

Type of Project*: ☐ Renovation ☐ Move ☐ Dedication ☐ Other:

School/Department*:

Requestor/Contact*:

Email*: **Phone*:**

Building*: **Floor(s)*:** **Room(s)*:**

Date Submitted*:

Project Description* (attached additional page if needed):

Purpose/Reason for Project* (attach additional page if needed):

Funding Source(s)*: **Project Budget*: $**

Approvals

Chair/Department Head (Print Name)	Signature	Date
Dean/VP (Print Name)	Signature	Date
Other Approval (Print Name)	Signature	Date

(DO NOT WRITE IN SHADED AREA)

Budget Department Approval to Proceed:

Signature	Date

Facilities Approvals

Print Name	Signature	Date
Print Name	Signature	Date