FACILITIES MODIFICATION REQUEST XXXX COMMUNITY COLLEGE

(For renovation and major repair)

Department Request				
From: Do	ept:		Phone:	
PROPOSED Project Title:				
Description:				
Listification				
Justification:				
Required completion time: Date:	Specia	al work hours:		
Utility Required: AC Electric Wat	er 🗌 Telenhone	□ Data □ Ga	s None Other	
Estimated Cost:\$ Extramural Funding Source Only: Sponsor:		_ Funding:\$		
(ATTACH APPROVED FACILITIES MODIF				
(MINORIAL TROVED INGIENTED MODII	IO/THOIVILLEGO		ny arrain a real dance real	
Approvals: (Academic programs-Dept. Chair's approvals: (Non-Academic units-Dean or Director's				
Approved	or Director		 Date	
Not Approved – Return to Requ Comments:	estor with Comm			
Vice Chancellor for Academic Affairs and Administrativ (Review for program requirements, space management		SULT WITH CC FE	HOFFICE)	
Approved		Approved -		
Vice-Chancellor for Academic Affairs	Date		Vice Chancellor for Admin. Services	Date
Approved		Approved -		
Facilities Manager	Date		Fiscal Administrator	Date
Not Approved – Return to Requestor with C Comments:				
Once all approvals at campus are received, RCUH for review.	forward to CC F	acilities and Env	ironmental Health for Director	s review and
Noor for lowew.				
Director – CC Facilities and Env. Health (FEH) Date	<u> </u>			
Campus to run project: FEH recommend	ls			
FEH to run project: Assigned to:		UHCC	Project Number:	
Project N				