



Facilities Change Request

Facilities Management

Requesting Department: _____ Date: _____
Requestor: _____ Email: _____
Phone: _____ Location: _____

Justification of Request: Please provide sufficient detail to describe the project. Include impact on the following areas:
• University mission • students • existing space • external impact on community • etc.

Requested Completion Date: _____

Estimate for Funding: Please work with Facilities Management for assistance with construction related scope, though no detailed design is expected at this phase.

Department Funds Available: _____ - _____ - _____ - _____ \$ _____
Fund Cost Center Program Account
Amount requesting from Campus Planning Committee Funds: \$ _____
Estimated Total: \$ _____

Endorsement Statement and Signature	Endorsement Statement and Signature
<p>_____/_____/20 Signature of Dean or Division Head Date</p> <p>_____ Print Name</p>	<p>_____/_____/20 Signature of Vice President Date</p> <p>_____ Print Name</p>

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE:
Action of the President's Council: Approved Disapproved Further Study
Date of Action: _____
Approval Signature: _____ Date: _____
Print Name: _____ Title: _____
E-mail completed form to curt.christiansen@byuh.edu and samuel.merrick@byuh.edu