



REQUEST FOR FACILITIES CHANGE

Submit completed, signed form to spacemanagement@byuh.edu two weeks prior to monthly meeting for consideration

Department or office making request: _____ Date of request: _____

Dept. Contact Name: _____ Phone No.: _____ Email _____

Description of Request:

Building Name: _____

Room no.: _____

Requested Completion Date: _____

Justification for Request: _____

Yes No

Endorsement statement and signature of Dean or Division Head:

Signature Date

Endorsement statement and signature of Vice President:

Signature Date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Request # _____

Action of Space Management Council: Approved ____ Project No. ____ Disapproved Further Study

Date of action: _____

Comments:

Signature Date