



# REQUEST FOR FACILITIES CHANGE

Submit completed, signed form to [deanne.tippetts@byuh.edu](mailto:deanne.tippetts@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
<b>OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE</b>	
<b>Request #</b> _____	
Action of Space Management Council:    Approved ____ Project No. _____    Disapproved    Further Study	
Date of action: _____	
Comments:	
_____ Signature	_____ Date