

**UNIVERSITY OF COLORADO DENVER
FACILITIES DEPARTMENT
PROJECT REQUEST FORM**

REQUESTING UCD SCHOOL/SECTION: (i.e., SOM, SOD, SON, SOP, CPH, CS&A)

REQUESTING DEPARTMENT:

REQUESTING DIVISION:

DEPT/DIV REPRESENTATIVE:

EXT.

BOX #

**REQUESTING DEPARTMENT/DIVISION
REPRESENTATIVE LOCATION:**

BLDG:

ROOM #

LOCATION OF PROPOSED PROJECT:

BLDG:

ROOM #

BRIEF DESCRIPTION OF PROPOSED PROJECT:

PROPOSED CHANGE IN SPACE UTILIZATION:

YES:

NO:

IF YES, PLEASE COMPLETE:

CURRENT USE

CLASSROOM

LAB

HEALTH CARE

OFFICE

STUDY ROOM

FACIL. SUPPORT

GENERAL USE

SPECIAL USE

PROPOSED USE

CLASSROOM

LAB

HEALTH CARE

OFFICE

STUDY ROOM

FACIL. SUPPORT

GENERAL USE

SPECIAL USE

ESTIMATED PROJECT FUNDS AVAILABLE:

\$

PROJECT "WINDOW":

FROM:

TO:

mm/dd/yy

mm/dd/yy

FUND ADMINISTRATOR APPROVAL:

RETURN COMPLETED FORM TO: FACILITIES, BOX A-059

**FACILITIES
USE ONLY**

DATE REC'D:

ASSIGNED TO:

PROJECT TITLE:

DATE:

DISTRIBUTION: WHITE:

YELLOW:

PINK:

GREEN:

GOLDENROD:

FACILITIES-ADMIN. & FINANCIAL SERVICES

FACILITIES-PROJECT & CONST. MGMT.

FACILITIES-FACILITIES OPERATIONS

FACILITIES-HEALTH & SAFETY

ORIGINATOR