

FACILITIES PLANNING TEMPLATE (REQUEST FORM)

(Submit one form per project request)

Department/Program: Library

Title of Request: Ceiling mounted projector

Location of Project: Teaching Lab, L-104

Department/Program Priority Ranking: (A Dept./Prgrm. may have more than one request with the same ranking.)

- 1 2 3 4

Type of Request: (Check Below)

- Equipment
Installation
Routine Facilities Care
Space allocation
Maintenance
Deferred Preventative Ongoing Emergency
Reconstruction
Refurbish Remodel Renovate
New Construction
Short Term 1-2 years Mid Term 2-3 year Long Term 3-5 years

Description of Request:

Ceiling mounted projector in Teaching Lab, L-104.

Justification for Request:

- Yes No Does this request determine the "Viability (not quality) of the program"?
Yes No Does this request fulfill a "Legal Mandate" (Health, Safety, ADA Disability A
Yes No Has this request been indicated in the "Institutional Planning" process?
Yes No Does this request have an effect on "Institutional Effectiveness"?
Yes No Is this request in "Collaboration" with other programs?

Justification narrative explaining the above answers:

Installation of ceiling mounted projector has vital impact on student success.

Estimated Cost of Request: (If available) \$.....00