FORM C

FACILITIES PLANNING TEMPLATE (REQUEST FORM)

(Submit one form per project request)

Department/Program: Libra	ry		
Title of Request: Dial A Lesse	on Boxes	Location of Project: Lab, L-104	Teaching
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 Belo	w)		
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	r: 🗌 Long Term 3-5 year	rs
Description of Request:			
Remove Dial A Lesson Boxes fro	om Teaching Lab, L-10	4	

Justificati	on for Request:
🗌 Yes	\square No Does this request determine the "Viability (not quality) of the program"?
Yes	\square No Does this request fulfill a "Legal Mandate" (Health, Safety, ADA Disability A
🗌 Yes	\square 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?
Justific	ation narrative explaining the above answers:

Deferred maintenance.

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