UNT HEALTH SCIENCE CENTER
CONSTRUCTION AND SPACE RE-ALLOCATION

Request Date: _____
Requesting Department: _____
Contact Person: _____ _____
Phone Number: _____ Department Director/Chairman Signature

☐ **CONSTRUCTION / RENOVATION**

Description of Request:

_____
_____
_____
_____

Source of Funds:_____ **Account Number:**_____ Budget Approval: _____

☐ **SPACE RE-ALLOCATION**

Type of Space: ☐ Research ☐ Office ☐ Clinical ☐ Teaching

Space Vacated: Building _____ New Assignment: Building _____
Room _____ Room _____

Will This Request Require:	**Yes / No**
1. Additional space	_____
2. Additional telephone / computer equipment or wiring	_____
3. Moving furniture and equipment	_____
4. Purchase of new furniture or equipment	_____
5. Consideration of patient care needs	_____
6. Consideration of biomedical research	_____
7. Move or purchase AV equipment	_____
8. Additional security	_____

REQUIRED APPROVAL

_____
Appropriate Dean or Vice President

**** Please Complete All Of The Above Prior To Submitting To Facilities Management****

FINAL APPROVAL

ESTIMATED COST: _____

_____
Steve Russell
Senior V.P. for Finance & Administration

The request and all design documentation has been reviewed and approved by the following:

Biomedical Communications _____
Construction Services _____
Facilities Director _____
Facilities & Fleet Services _____

Telecom/Information Technology Services _____
Safety Office _____
Utilities & Energy Management _____