

**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 \_\_\_\_\_

<b>Will This Request Require:</b>	<b>Yes / No</b>
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  
Executive V.P. for Finance and Administration

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

Biomedical Communications _____	Telecom/Information Technology Services _____
Construction Services _____	Safety Office _____
Facilities Director _____	Utilities & Energy Management _____
Facilities & Fleet Services _____	