**LEARNING ENVIRONMENT RENOVATION PROGRAM REQUEST**

Requestor Name and Title:

College or School:

Email:

Phone: Location (Building & Rooms)

Estimated Project Budget (ROM): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe the project scope (Please attached any additional items as necessary):

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How will the project advance the mission of the university:

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Academic Space Planning Reviewed

Ross C. Johnson

Director of Academic Space Planning

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Larry Singell

Senior Vice Provost of Resource Management

cc: Ross Johnson, Director of Academic Space Planning

Kim Bates, Academic Space Planning Manager