

## Cubicle Request Form

Printed on:

**Important Information:**

This form must be approved prior to involving any other departments  
 Information about this form can be found in the University Project Policy  
 Approval of this document is not an approval of the project.  
 If approved, a completed copy will be sent to the Director of Field Operations

**Once all signatures are filled, pass to Field Operations (Campus North suite 2200)**

**General Information**

Project Name:	<input type="text"/>
Requesting Department:	<input type="text"/>
Request Date:	<input type="text"/>
Requested Project Completion Date:	<input type="text"/>

**Project Request**

Provide a general overview of the proposed project.

Explain why it is necessary & how it fits in with the University's mission

**Additional Information**

This project involves academic space such as classrooms, library, or faculty space.  Yes

Is this project part of the current year budget?  Yes

Is this a request for a NEW position?  Yes

**Provide the proposed funding source for this project**

**Approvals**

**Signatures**

**Date**

**Department Head:**

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**Dean of School (if academic):**

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**Vice President/Cabinet Member:**

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**Vice President for Finance:**

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**Provost (if academic):**

\_\_\_\_\_

**CIP Budget Analyst**

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**Human Resources**

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