

CALVIN COLLEGE PHYSICAL PLANT

Proposed Plans Attached: _____

Project Cost Estimate Attached: _____

Reviewed and Approved: _____

Date: _____ W.O.ID: _____

Project Request Form for Academic Departments

Requestor: _____ Original Request Date: _____

Requestor's Phone: _____ Project Building: _____

Requestor's Email: _____ Room/Location: _____

Department: _____ Desired Completion Date: _____

Describe Project Request/Need:

Concept Approval and Comments:

Department (Chair): _____ Date: _____

Academic Dean: _____ Date: _____

Comments: _____

(Note: After a project has been approved in concept, this form will be forwarded to Dean Gunnink. He will prepare drawings and a price estimate, and will return this form to the requestor with the plans.)

Plans and Estimate Reviewed and Approved by:

Requestor: _____ Date: _____

Provost: _____ Date: _____

Cabinet: _____ Date: _____

Comments (estimated start date, funding, priority, etc.): _____

