

Baruch COLLEGE

Campus Facilities and Operations

Project #:
Status:

Project Request Form

Please fill out completely and return the signed form via email to Tom.Gaimaro@baruch.cuny.edu. Please enter "Project Request" in the subject line.

1. All required signatures are to be obtained before a project becomes official.
2. All changes are subject to review and approval.
3. Project schedule will be established after all required approvals are obtained.
4. After required approvals are received, the Campus Facilities office will contact you to schedule a meeting and walk through of the space.

Name of Project: _____

Type of Project: Renovation Move Dedication Furniture Other: _____

School/Department: _____

Requestor/Contact: _____

Email: _____ Phone: _____

Building: _____ Floor(s): _____ Room(s): _____

Date Submitted: _____

Project Description (attach additional page if needed):

Purpose/Reason for Project (attach additional page if needed):

Funding Source(s): _____

Project Budget: \$ _____

Approvals

Chair/Department Head (Print Name) Signature Date

Dean/VP (Print Name) Signature Date

(DO NOT WRITE IN SHADED AREA)

FACILITIES APPROVALS

AVP (Print Name) Signature Date

VP (Print Name) Signature Date