

# 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](mailto: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