

CF&R No.: _____

UNIVERSITY OF UTAH
CAPITAL FACILITIES & REMODELING

REMODELING REQUEST

FISCAL YEAR

Project Title: _____

Project Request Submitted by:

Select Cognizant VP: _____

Name: _____ Position: _____

Department: _____

College: _____ Phone: _____

Address: _____

Priority: _____ E-mail: _____

Contact Person (same as above: Yes No)

Name: _____ Phone: _____

Address: _____ E-mail: _____

Request Summary:

Remodel Type: _____ Estimated Total Project Cost: _____
(If no estimate, leave blank)

Project Number: (If already existing) _____

Source of Project Cost Estimate: _____

Funding Sources:

Committed Department Funds: Yes No Amount: _____

Dean or Director of Funding: Yes No Amount: _____

VP Funding: Yes No Amount: _____

Net CF&R Funds Requested: _____

Department Chair Only:

Priority: Urgent High Medium Low Rank Number: _____

Dean or Director Only:

Priority: Urgent High Medium Low Rank Number: _____

Vice President Only:

Priority:

Research: Urgent High Medium Low Rank Number: _____

or

Remodel: Urgent High Medium Low Rank Number: _____

