

100 N University Drive
Edmond OK 73034

**ARCHITECTURAL & ENGINEERING SERVICES
CAPITAL PROJECT REQUEST FORM (FY 11)**

1 Department: _____

2 College: _____

3 Building Name and room(s)/area(s) affected: _____

4 Describe the problem to be solved or new project request in detail: _____

5 What created this problem/or provided an opportunity for the project to develop: _____

6 Describe the work needed or new project in detail: _____

7 Why does the change/project need to be done now? _____

8 Desired completion date and what are the ramifications if this project is not approved at this time:

9 Identify the source of funds anticipated for use to support this project? (Org/Account # _____)
and provide corroboration from the authority for the use of those funds (Account Sponsor _____)

What is your budget limitation for this project? _____

10 Identify and check the appropriate category for the requested work.

- Health/Safety/Mandated Improvements
 Instruction Delivery
 Student, Faculty and Staff physical Environment
 Environmental Improvements
 Asset Preservation
 Asthetics/Beautification

Signature: _____ Date: _____ Type Name: _____
Director

Signature: _____ Date: _____ Type Name: _____
Dean

Signature: _____ Date: _____ Type Name: _____
Assistant Vice President

Signature: _____ Date: _____ Type Name: _____
Vice President/Provost