

ROWAN UNIVERSITY
CAPITAL SPACE PLANNING/PROJECT/FURNITURE REQUEST APPROVAL
Office of Facilities, Planning & Operations

REQUESTING DEPARTMENT: _____

REQUESTOR: _____

CAMPUS: _____

BUILDING: _____

ROOM: _____

SUMMARY OF REQUEST:

FUNDING SOURCE: Department Grant Gift Capital

FUND _____ **ORG** _____ **ACCT** _____ **PROGRAM** _____

DEPARTMENT CHAIR/HEAD APPROVAL:

I have reviewed the above mentioned project and agree that it is warranted.

PRINT NAME _____

SIGN _____

_____ Date

DEAN/AVP APPROVAL:

PRINT NAME _____

SIGN _____

_____ Date

VP APPROVAL:

PRINT NAME _____

SIGN _____

_____ Date