## Skidmore College Renovation or Alteration Request Form

-			Department: Location: Date:			
Purpose of Re						
	To enhance existing or accommodate new instructional programs.					
	To enhance existing or accommodate new research programs.					
	To enhance existing or accommodate new administrative services to academic programs.					
	This request uses existing available space or facilities. Identify space below.					
	This request requires the renovation of existing space or facilities. Identify space below.					
	This request requires the commitment of additional space or facilities. Identify space below.					
	i nis request	requires the commitme	ent of additional space of facilities	. Identify space below.		
Spac	e Location:					
	This request is for a recognized college institute, center or laboratory.					
	This request is for new or replacement specialized equipment.					
			=======================================			
Description of	Request:					
Description of	f Space Use:					
Space will be	primarily used b	oy:	Space will be primarily used f	or:		
•	Students		□ Instruction □Research	□Files/Storage		
Staff	🗆 Independe	nt Operations	□ Meetings □ Laboratory			
□ Other □ Office □ Computers □ Secretarial						
Number of Occupants Ranges from to Date Space is Needed:						
		led (years/months):				
applicable:			nis space including its proximity to			
			hat apply to this request.			
Casework:		Mechanical:	Electrical:	Furnishings:		
Base Cabinet	ts	□ Hoods	Additional Power	🗆 Modular Furniture		
Wall Cabinets		Equip Cooling	🗆 Clean Power	Freestanding Furniture		
Countertops		□ Gas		File Cabinets		
		Compressed Air	General Lighting	Other-Please Specify:		
Custom Cabinets		Central Vacuum	Computer Light			
□ Shelving		□ CO2	Task Lighting			

□ Darkroom Lighting

Communication:

□ Special Plumbing

Other:

**Special Equipment and Furniture**: Please list the types, quantities and approximate cost of special equipment or furniture to be included by the request. Please attached any/all quotes.

QUANTITY	DESCRIPTION	SIZE/WEIGHT/DIMENSION	COST CONSIDERATION
			Existing
			To Be Purchased \$
			Existing
			To Be Purchased \$
			Existing
			To Be Purchased \$
			Existing
			To Be Purchased \$
			Existing
			To Be Purchased \$

<u>Chair</u>: This proposed project is consistent with departmental policies and objectives. Departmental financial and space allocation commitments are noted and approved. By my signature, I indicate concurrence with this request.

Chair Signature: \_\_\_\_\_

<u>Dean/Assoc. Dean</u>: This proposed project is consistent with departmental policies and objectives. Departmental financial and space allocation commitments are noted and approved. By my signature, I indicate concurrence with this request as a \_\_\_\_ high or \_\_\_ low college priority.

Dean/Assoc. Dean Signature:\_\_\_\_\_

An estimate of construction costs associated with this request is required. Please forward this form to Loretta Greenholtz, 424 PMH, who will coordinate with Facilities Services to obtain a construction cost estimate.

Capital & Minor Project Requests: Definitions and Information <u>http://www.skidmore.edu/budget/capital-equipment-projects.php</u>

## DO NOT WRITE BELOW THIS LINE

Academic Affairs Space Management/Planning Coordinator Approval:					
Signature:	Date:	Account #:			
		Account #:			
		Account #:			
Capital request: Yes/No	Minor project request: Yes/No	Individual Office IT request: Yes/No			

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**