# The University of Vermont
# College of Medicine
## Renovation/Construction
## Project Request Form

| Building Name | Room # /s | Project Title |
|---|---|---|

| Person to Contact | Department | Phone # | email address |
|---|---|---|---|

**Reason for Project:**

**Scope Description: Please attach additional sheets if necessary.**

**Acceptable Start Date:_____ Proposed Completion Date:_____**

**Source of Funds: _____**

| Department Chair | Phone # | email address |
|---|---|---|

| Signature of Department Chair | Date |
|---|---|

**Return completed form to COM Dean's Office – Attn: Facilities Administration**

---

**Date Received:_____**

**Reviewed by: COM Facility Admin. _____**

**Start Date: _____**