**SOUTHERN CONNECTICUT STATE UNIVERSITY**

**PROJECT REQUEST FORM**

Date: Request Number:

Project Title:

Name: Extension:

School, Division or Department:

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Description of project and its purpose:

Special Requirements/Instructions:

Approval (Dean or Director) Date:

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**(To be completed by Facilities Operations)**

Project Estimated Cost:

Funding Source:

Project Approval ( ) Rejected ( ) Held ( ) Date:

Project Schedule:

Explanation for action:

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Vice President’s Signature Date:

(**from your division**)

Executive Vice President’s Signature: Date:

Rev.: 2/20/08