Click or tap to enter a date.

**Requestor:**

**Project Title\*\*** Click or tap here to enter text.

**Building/Room No\*\*** Click or tap here to enter text.

**Justification**

|  |
| --- |
|  |

**Objectives\*\***

Specific & Measurable objectives, in bullet point format. Click or tap here to enter text.

**Scope\*\***

What will be the end result of the project? Describe what phases of work will be undertaken. Click or tap here to enter text.

**Timeframe\* \***

|  |  |
| --- | --- |
| **Start Date** | **End Date** |
| Click or tap to enter a date. | Click or tap to enter a date. |

**Expected Outcomes and Evaluation Plan\*\***

Click or tap here to enter text.

**Project Budget/Funding Request Amount**

|  |
| --- |
|  |

**Key Stakeholder Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Teaching Lab Coordinator\* | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |
| Program Coordinator\*\* | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |
| Curriculum Development Committee Chair\* | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |
| Associate Chair for Operations\*\* | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |
| EFTF Eligible Equipment\*\*\* | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |

\* Required for teaching lab support only

\*\* Required for Projects impacting space and safety only

\*\*\* Required for EFTF eligible equipment only

***For office use only:***

**Approval Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Officer | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |
| Department Chair | Click or tap here to enter name. | [signature] | Click or tap to enter a date. |

**Account Number Assigned:**