**The University of Mississippi Renovation / Construction Project Request Form**

Please answer all of the questions on this form, attach additional pages as necessary, complete the signature block, and send the entire packet to the Office of the Provost.

**Describe Project / Program and Identify Funding Source**

Building Name Project Title

           

Contact Department Phone Number Email

Account Number Account Name

**Please explain why this project is necessary.** *(Use additional pages as necessary)*

**Please define the scope of the project. Tell us everything you hope to accomplish.** *(Use additional pages as necessary)*

**Please describe how the project fits into the campus master plan.** *(Use additional pages as necessary)*

**Please explain how this project supports the university’s strategic plan.** *(Use additional pages as necessary)*

**Departmental Approval**

Desired Project Completion  This semester  Next semester  Within 18 months

Department Chair/Director’s Name Chair/Director’s Signature Date

**College/School Approval**

Desired Project Completion  This semester  Next semester  Within 18 months

Dean/AVC’s Name Dean/AVC’s Signature Date

**Vice Chancellor’s Approval**

Desired Project Completion  This semester  Next semester  Within 18 months

Vice Chancellor Vice Chancellor’s Signature Date

**Provost’s Office Use Only** 1 2 3 4 5

⬜ Develop Project Cost (for further consideration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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⬜ Approved for Immediate Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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⬜ Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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