

General Assignment Classroom Project Proposal Form: Classroom Modernization & Minor Remodeling Projects

Department Name _____
Contact Name & Phone # _____
Campus Mail Address _____

Area to be Remodeled: **Room** _____ **Building** _____

Please check all areas that apply or describe in the space provided.

Remodeling Requirements:

____ Ceiling
____ Electrical
____ Floor Coverings
____ Furniture
____ Heating and Cooling
____ Lighting (general and dimming)
____ Walls
____ Windows & Shades
____ Other-describe: _____

Instructional Technology Requirements:

____ Audio system – Program and/or Microphone
____ Automated control system for IT equipment
____ Electric projection screen
____ Manual projection screen
____ Video/Data projection system (video projector, DVD/CD player, document camera, etc.)
____ Other-describe: _____

Return completed form to your Department Chairperson

Department Chairperson and Deans Approval Required:

Department Chairperson: _____ Date: _____

Dean: _____ Date: _____ Priority Number: _____

DEANS RETURN THIS FORM TO THE SPACE MANAGEMENT OFFICE – 30 N. Mills St.

Note: All maintenance and repair items should be reported to the Space Management Office at 262-4414.
Additional forms can be found at: www.fpm.wisc.edu/smo/Forms.htm