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 – SUITE 807 WARF

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