



Minnesota State University, Mankato

Project Request

Date of Request _____ Requested Completion Date _____

Requester _____ Department _____

Recommended Funding Source or Cost Center _____ E-mail _____ Phone _____

Building _____ Room(s) _____ Division Priority _____

Describe the scope of work. Include any special considerations we should be aware of like telephones, computer, electrical, plumbing, heating and cooling, and equipment. [attach additional information and/or sketch(s)]:

Large empty rectangular area for describing the project scope and special considerations.

College Dean or Administrative Service Unit Director	Date
Division Vice President	Date