



USF Physical Plant
Space Impact Request (HSC)

TELEPHONE 974-3017

FAX 974-3846

DATE _____

S.I.R. NO. _____

REQUESTING DEPARTMENT _____

COLLEGE _____ CAMPUS ADDRESS _____

REQUESTOR _____ PHONE NO. _____

E-MAIL _____ FAX NO. _____

DESCRIPTION OF REQUEST (INCLUDE SKETCH AND COST ESTIMATE IF APPLICABLE) _____

REASON FOR REQUEST _____

ANTICIPATED SOURCE OF FUNDS OR GRANT _____

SIGNATURE BELOW IS REQUIRED PRIOR TO REVIEW AND DOES NOT IMPLY APPROVAL OF THIS REQUEST

DEAN/DIRECTOR
(PLEASE PRINT) _____ EXT. _____ CAMPUS ADDRESS _____

SIGNATURE _____ DATE _____

ASSISTANT V.P. OF HSC FACILITIES
(PLEASE PRINT) **S. M. Douglas** _____ EXT. **4-3017** CAMPUS ADDRESS **MDC 23**

SIGNATURE _____ DATE _____

**RETURN COMPLETED FORM TO HSC OFM MDC 23 OR FAX TO 974-3846
FOR INFORMATION CALL 974-3017**