

# 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 or Microphone
- \_\_\_ Automated control system for IT equipment
- \_\_\_ Electric projection screen
- \_\_\_ Manual projection screen
- \_\_\_ Slide projector
- \_\_\_ Video / Data projection system (video projector, VCR, 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](http://www.fpm.wisc.edu/smo/Forms.htm)