



Minnesota State University, Mankato

Project Request



Residential Life or Centennial Student Union Facilities

Date of Request _____ Requested Completion Date _____

Requester _____ Department _____

Funding Source or Cost Center _____ Email _____ 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)]:

(*Please note that work in the CSU or Residential Life requires routing through the Building Director's office prior to being sent to Facilities Management.)

Administrative Services Unit Head

Date

CSU or Residential Life Director

Date

Division Vice President

Date