

FACILITY REQUEST: Please complete the top portion of this form and submit to Wes Davis, Facility Manager. wdavis1@tm.edu

- Request to move
- Request for new program location
- Request for additional space
- Other \_\_\_\_\_

Requesting Functional Unit Leader and Program: \_\_\_\_\_

Program Staff Involved: \_\_\_\_\_

Program Equipment Involved: \_\_\_\_\_

Suggested Location & Rationale: \_\_\_\_\_

Date Needed: \_\_\_\_\_

**Facility Use Committee Approval**

- Yes
- No

**President's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

