



Illinois Mathematics and Science Academy

Remodeling and/or Specialized Construction Request

Project Location: _____ Date: _____

Alternate Location: _____

Current Square Footage: _____ Proposed Square Footage: _____

Program Statement/rational for need: _____

When is project required and why: _____

Will there be any technology affected (phones, computers, projectors, network, etc)? Yes ___ No ___

If so, Please list _____

Will temporary storage be needed: YES / NO

Where will it be stored? _____

Submitted by: _____ Department: _____ Phone: _____

Probable Cost (including installation of equipment) \$ _____

Budget and/or Grant account number: _____

Review & Approval (Signatures must be provided on this form for approval, emails will not be addressed.)

Department Administrator Name: _____

Signature: _____ Date: _____

(If computer and/or technologies are required)

ITS Department Administrator Approval: _____

Signature: _____ Date: _____

Department Manager Name: _____

Signature: _____ Date: _____

Space and Planning Committee approval: _____ Date: _____