



**Jackson State University**  
**Division of Facilities and Construction Management (FCM)**  
**Renovation / Construction Project Request Form**

*Please answer all questions on this form, attach additional pages as necessary, complete signature block, and send entire packet to FCM at [fcm@jsums.edu](mailto:fcm@jsums.edu)*

**Describe Project/Program and Identity Funding Source**

Building Name		Project Title	
Contact	Department	Phone Number	Email
Account Number		Account Name	

**Please explain why this project is necessary.**

**Please define the scope of the project. Tell us everything you hope to accomplish.**

**Please explain how this project supports the university.**

**Departmental Approval**

Priority Level  High (*within two semesters*)  Medium (*within two years*)  Low (*within five years*)

Department Chair/Director's Name	Chair/Director's Signature	Date
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**College/School Approval**

Priority Level  High (*within two semesters*)  Medium (*within two years*)  Low (*within five years*)

Associate Vice President Name	Associate Vice President Signature	Date
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**Vice President Approval**

Priority Level  High (*within two semesters*)  Medium (*within two years*)  Low (*within five years*)

Vice President Name	Vice President Signature	Date
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**Transfer funds to: Fund: 170090 - Org: 117000 - Program: 70**