



University of Central Florida

Authorization for Room Function Change

Contact Information

Requester: \_\_\_\_\_ Date: \_\_\_\_\_
Department: \_\_\_\_\_ Office/Phone #: \_\_\_\_\_

Room Information

Building Name (#): \_\_\_\_\_ Room #: \_\_\_\_\_
Current Room Function: \_\_\_\_\_ Proposed Room Function: \_\_\_\_\_
Reason for Change: \_\_\_\_\_

Space Modification (if needed)

Departments that request a room function change are responsible for any needed modifications and will be responsible for the cost to alter the space. To initiate room modifications, please submit a Minor Project Request form prior to any work being done (Minor Project Request Preliminary Review Form).

Room Modification Description: \_\_\_\_\_

Department Authorization

Chair or Unit Head: \_\_\_\_\_
Print Name Signature Date
Dean or VP (required): \_\_\_\_\_
Print Name Signature Date