

Texas Southern University
3100 Cleburne Ave. * Houston, Texas 77004
713-313-7375 * 713-313-7944 Fax

CONSTRUCTION PROJECT CONSIDERATION REQUEST

Project Name: _____

Type of Project: 1) Renovation 2) Expansion 3) Other Improvement

Budget Number : _____

Project Description/Location:

Project Owner Contact Information and Confirmation:

Primary Requestor: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Department Dean Approval: _____ Date: _____

Provost Approval: _____ Date: _____

Executive Director of Facilities Approval: _____ Date: _____

AVP for Facilities Management Approval: _____ Date: _____

Chief Operating Officer Approval: _____ Date: _____