



## 2.1 Purpose of the Project:

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## 2.2 Why is this Project needed?

Grant <input type="checkbox"/>	Academic Requirement <input type="checkbox"/>	Program Growth <input type="checkbox"/>
		Other <input type="checkbox"/>

## 2.3 Endorsement:

Name and Signature of requester \_\_\_\_\_ Date: \_\_\_\_\_

Name and signature of Department Head \_\_\_\_\_ Date: \_\_\_\_\_

Name and signature of Dean of Faculty \_\_\_\_\_ Date: \_\_\_\_\_

Name and signature of Director \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Campus where work is requested: \_\_\_\_\_

Building number: \_\_\_\_\_ Room Number: \_\_\_\_\_

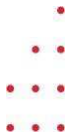
Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell no: \_\_\_\_\_

Email address: \_\_\_\_\_

## 3.1 Project Type:

- a. New construction
- b. Renovation
- c. Other



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### 3.2 Functional Type:

- a. Classroom
- b. Research
- c. Office
- d. Other

*Documents to be attached.  
Approval letter from Dean/HOD/DVC to accompany request.*

### 3.3 Approximate number of Occupants:

Students		Faculty	
Staff		Other	

### 5. Funding for Project:

*Attached confirmation that funding is available for the project as mentioned above.*

**R:** \_\_\_\_\_

Need preliminary estimate

Yes	No
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