



**COMPLETED FORM MUST BE SUBMITTED FOR APPROVAL 5 WORKING DAYS  
PRIOR TO PROJECT START DATE.**

Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

Signature of  
Instructor: \_\_\_\_\_  
(Instructor has viewed and approved of plans)

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Install Date: \_\_\_\_\_

De-Install Date: \_\_\_\_\_

Proposed Location (also indicate on map, see reverse):  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE A MAQUETTE, PHOTO, OR DRAWING THAT SHOWS THE PROJECT IN  
SITU AND ATTACH IT TO THIS FORM.**

Materials Used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachment & Process (how will you affix the project in the space / to the walls):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:**

**IT IS YOUR RESPONSIBILITY TO REMOVE YOUR PROJECT FROM THE WALLS AT THE END OF THE INSTALLATION  
PERIOD AND TO RETURN WALLS TO ORIGINAL CONDITION. IF THE SCHOOL OF ART MUST CLEAN UP YOUR  
INSTALLATION, YOU MAY BE CHARGED FOR REMOVAL, DISPOSAL, AND DAMAGE.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only

APPROVED

NOT APPROVED

Comments:

Office of the Director: \_\_\_\_\_

Date: \_\_\_\_\_

