



**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 or Performance Date and Time: _____

De-Install or Performance End Date and Time: _____

proposed Location(s) (also indicate on map, see reverse):

**PLEASE PROVIDE A MAQUETTE, PHOTO, DESCRIPTION, 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; and/or describe your
proposed performance):

PLEASE NOTE:

**IT IS YOUR RESPONSIBILITY TO REMOVE YOUR PROJECT FROM THE WALLS AT THE END OF THE INSTALLATION
PERIOD AND/OR TO CLEAN UP AFTER YOUR PERFORMANCE. WALLS, FLOORS AND ALL SURFACES SHOULD BE
RETURNED TO ORIGINAL CONDITION. IF THE SCHOOL OF ART MUST CLEAN UP YOUR INSTALLATION OR
PERFORMANCE, YOU MAY BE CHARGED FOR REMOVAL, DISPOSAL, AND DAMAGE.**

Student Signature: _____ Date: _____

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For Office Use Only

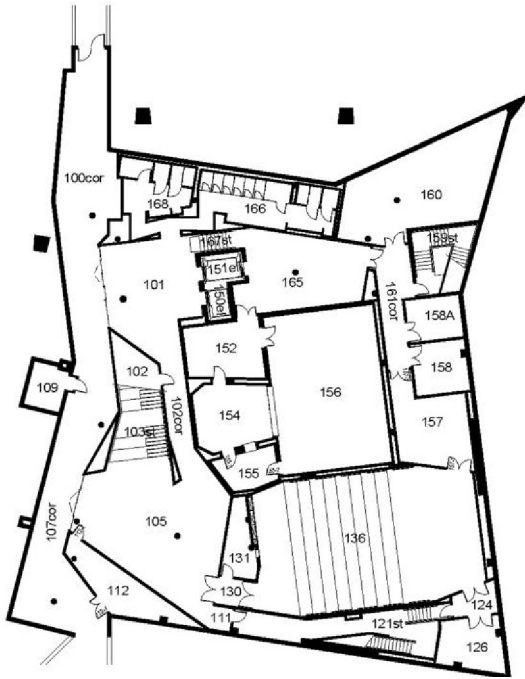
☐ APPROVED

☐ NOT APPROVED

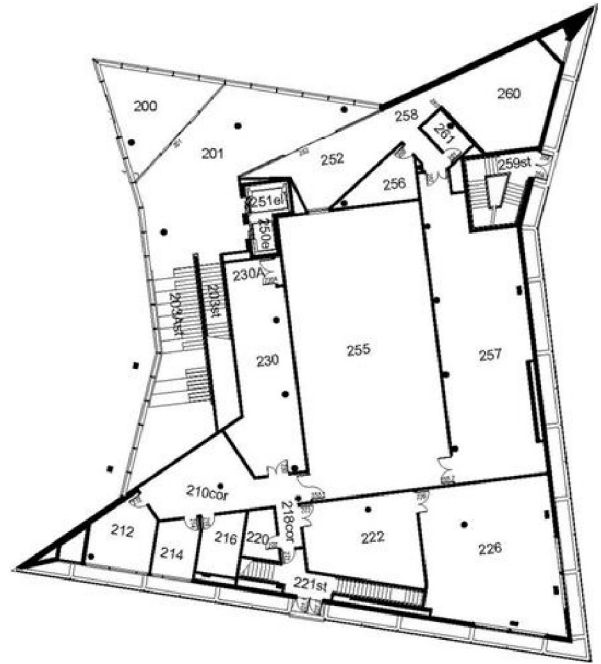
Comments:

Office of the Director: _____

Date: _____



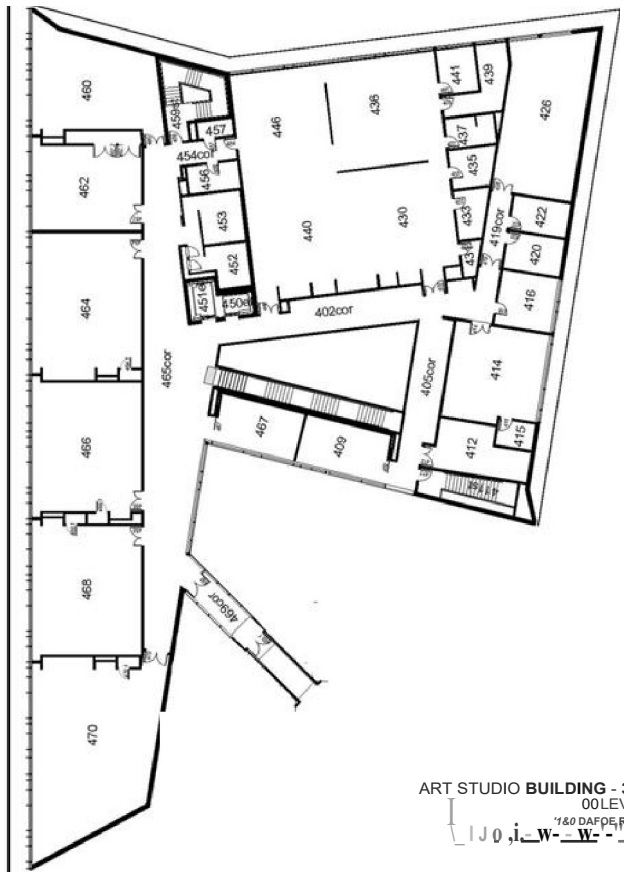
ART STUDIO BUILDING - 343
100 LEVEL
0 (FT) 130 DAFOR ROAD



ART STUDIO BUILDING - 343
200 LEVEL
(t, 0 (FT) 130 DAFOR ROAD



ART STUDIO BUILDING - 343
300 LEVEL
0 (FT) 180 DAFOR ROAD



ART STUDIO BUILDING - 343
400 LEVEL
0 (FT) 180 DAFOR ROAD