



2024/25 Facilities Renovations Request Form

Name: F	Phone:		
Department: E	Email:		
Date Submitted: Date Required:			
Please use this form for Renovations, Major Maintenance & Repairs, Large Moves and any Change in Space Use. Complete all sections of the form below with as much detail as possible.			
Project Name (eg. A211 New Sink)			
Strategic & Operational Priorities (Please indicate how your project aligns with the College's Priorities)			
Strategic Priority (Please rank each item) People	Low Med High N	N/A	
Enhance Indigenization throughout the College			
Develop and implement an Equity, Diversity & Inclusion (EDI) fra	amework		
Provide learning and professional development opportunities fo employees	or		
Mission			
Implement Student Success Plan			
Streamline credentials and create guided pathways			
Enhance community engagement and partnerships			
Organization			
Design and implement new Student Information System			
Revise Campus Master Plan to meet organization space needs			
Advance Sustainable Development Goals (SDGs) throughout the	e College		
Operational Priority (Please rank each item)	Low Med High N	/A	
Health & Safety, Code Compliance, Regulatory			
Operational Efficiency			
Hybrid Work Related			

Please describe how your project aligns with the strategic & operational priorities on the previous page:		
Project Objective		
Project Objective		
Description (Attach supporting documents)		
Description (Attach supporting documents)		
Required (Requests received without a signature will not be processed	1)	
required (nequests received bilinear a signature tim not be processed	-7	
Approved by:		
(Dean or Director) (Print)	(Signature)	
Is there departmental funding for this project? Yes \square Cost Ce	ntre: No 🗖	
Please complete this form and upload it to www.langara.ca/facilities-request		

April 3, 2024

You will be notified as your request moves through the approval process.