



FRATERNITY / SORORITY FLOOR PAINTING PROJECT REQUEST

____1. List the names, room numbers, and phone numbers of students who will be responsible for coordinating the project:

Name	Room	Cell Phone #	Email Address

____2. Attach a list of names and signatures of students who will do the painting.

____3. List the specific location(s) to be painted (specific room doors, frames, etc.):

____4. Attach a copy of the proposed design, retaining a copy for your records. Include:(a) the specific design/graphics; (b) dimensions of surface to be painted and; (c) condition of surface and whether preparation (sanding, plastering, etc.) is necessary. We recommend that you submit the design drawn in the colors you plan to use.

____5. List the anticipated length of time needed to complete the project after paint has been obtained. (Please list by number of days):_____

____6. When (month, day, date) would you like to begin the project? _____

____7. I accept responsibility for proper completion of the project. This includes all financial obligations for cleanup, repainting, or other failure on my part to properly coordinate painting.

_____ Name	_____ Signature	_____ Date	_____ Organization
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Residential Life Review

_____ Approved

_____ Denied

Reason for denial:

Signature

_____ Date

Buildings and Grounds Review

_____ Approved

_____ Denied

Reason for denial:

Signature

_____ Date

Student Programs Review

_____ Approved

_____ Denial

Reason for denial:

Signature

_____ Date