

2024/25 Facilities Renovations Request Form

Name: _____ Phone: _____

Department: _____ 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 (If you click any boxes other than N/A, please provide rationale in next section)

| Strategic Priority (Please rank each item) | Low | Med | High | N/A |
|---|-----|-----|------|-----|
| People | | | | |
| Enhance Indigenization throughout the College | | | | |
| Develop and implement an Equity, Diversity & Inclusion (EDI) framework | | | | |
| Provide learning and professional development opportunities for employees | | | | |
| 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 College | | | | |
| Operational Priority (Please rank each item) | | | | |
| 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

Description *(Attach supporting documents)*

Required *(Requests received without a signature will not be processed)*

Approved by: _____
(Vice President) (Print) (Signature)

Is there departmental funding for this project? Yes ☐ Cost Centre: _____ No ☐

Please complete this form and upload it to www.langara.ca/facilities-request
You will be notified as your request moves through the approval process.

October 18, 2024