



Project initiation form

_____/year_____

Office use only

1. Requestor

Date: _____

Name: _____ Surname: _____

Faculty/Department: _____

Phone number: _____ Extension: _____

Building number: _____ Room number: _____

Campus: _____

Email address: _____

Cell number: _____

2. Description of the project/request

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2.1 Purpose of the project

2.2 Why is this project needed?

Grant <input type="checkbox"/>	Academic requirement <input type="checkbox"/>	Programme growth <input type="checkbox"/>
		Other <input type="checkbox"/>

2.3 Endorsement

Name and signature of requester _____ Date: _____

Name and signature of Departmental Head _____ Date: _____

Name and signature of Dean of Faculty _____ Date: _____

Name and signature of Director _____ Date: _____

3. Campus where work is requested: _____

Building number: _____ Room number: _____

Contact person: _____

Contact number: _____ Cell number: _____

Email address: _____

3.1 Project type

a. New construction ☐

b. Renovation ☐

c. Other ☐



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3.2 Functional type

- a. Classroom ☐
- b. Research ☐
- c. Office ☐
- d. Other ☐

Documents to be attached.

Approval letter from Dean/HOD/DVC to accompany request.

3.3 Approximate number of occupants

Students		Faculty	
Staff		Other	

5. Funding for the project

Attached confirmation that funding is available for the project as mentioned above.

R_____

Need preliminary estimate

Yes

No

All completed documents to be returned to:

Constance Moon – Secretary

Email: MoonCA@tut.ac.za

Phone: 012 3824502/4



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