Indiana University Northwest
College of Arts and Sciences
OAR form: Outreach; Activity; Renovation

Date: _____

Check one: **Outreach** ☐ **Activity** ☐ **Renovation** ☐

Name: _____ **Department/Program:** _____

No. of Students Affected: _____ **No. of Community members:** _____
No. of Faculty affected: _____
No. of departments/programs/units affected: _____

Project Title: _____

Description of Project: (send vendor cost estimates via campus mail to COAS)
Note: project justifications are essential

Anticipated cost: (itemize)

Item No	Description	COST
1		
2		
3		
Total		

Signature of Applicant **Signature of Department Chair**

For COAS use only:

Approved ☐ Not Approved ☐

COAS: _____ Signature
Cost Share: _____
Total: Date: _____

Comment: