

ADMINISTER SIGNATURE APPROVAL

X \_\_\_\_\_

DATE: \_\_\_\_\_

# ALCOVE PROPOSAL

NAME: \_\_\_\_\_

DESCRIPTION (2-3 SENTENCES): \_\_\_\_\_

---

---

---

---

WILL YOU BE MAKING ANY ALTERATIONS TO THE SPACE?  
(MAKING HOLES, HANGING MATERIALS, ETC.)

YES

NO

IF YES, PLEASE LIST HERE :

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

SKETCH:

(EX: BLUEPRINT, EXAMPLE PHOTOS)