



Extension Request



Requestor Information

Name	
Date	
Department ID	
Phone	
Email	
Dept. Chair/Director Name	
Corporate Officer Approver	
Shortcode(s) to be Charged Rent	

Building/Space Information

Building Number	
Building Address & Suite No.	
SF Occupied	
Current Expiration Date	
Desired Length of Extension	
Space Condition/ Required Improvements	

Real Estate Use Only

Received By	
Date	
Comments/Notes	

Please return completed form to Ashley Krueger via email to: akru@med.umich.edu