

Please complete this application for the approval to have a monument/tree placed on the campus of North Dakota State University. If the monument is approved, Facilities Management will work with you to coordinate the installation/placement of the monument.

**Requested By:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In memory of: \_\_\_\_\_

Affiliation to NDSU: \_\_\_\_\_

Plaque/Identifier provided:  Yes  No Monument Provided By: \_\_\_\_\_

Proposed Location (be specific):

Proposed Monument: Describe size, shape, approximate size, etc. Mock-ups/drawings are requested, if applicable. List reason/need for monument.

**Authorized Signatures:**

\_\_\_\_\_  
Facilities Management Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilities Management Director Name Printed

\_\_\_\_\_  
Vice President Finance and Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President Finance and Administration Name Printed

**Route this completed form to :**  
**Facilities Management**  
**Thorson Mtce Ctr**  
**Tel: (701) 231-7911**  
**Fax: (701) 231-8008**