UCR Department of Art
Project Installation Proposal

In completing this form, please include drawings or photos to further identify your installation proposal.

Name:_________________________________
Phone Number:__________________________
Email:_______________________________
Course Number:_________________________
Faculty Member:_________________________
Date:_____/_____/________

Installation Name:_____________________________________

Describe your proposed work; Please include the materials involved, the rough dimensions (L x W x H):
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Purpose - Describe the purpose of your proposed work. Is it meant to be utilized by the public? Is it meant to be enjoyed during the day or evening? Is this piece interactive?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Safeguards – What safeguards do you have in place to protect the public from project malfunctions and operator errors? How do you plan to protect the project from the public? Do you have projectiles? Fire elements? Combustibles? Pointy objects?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
**Installation Location** – Where do you want to install this project? Will it be in a covered location? Will it obstruct pedestrian or traffic? Will it be secure enough to ensure safety?

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

**Schedule** – When do you plan to set-up and remove your project?

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

By signing below, I agree to the art installation rules and regulations of the University of California Riverside. I agree to comply with these rules and assume responsibility of facility damage and personal injury involved with the proposed project.

**Signed:** ____________________________________________

**Date:** ____________________