

Space Request Form

To request space, complete the following form and have your Vice Chancellor or Dean approve and sign it.

Part I: Requestor/Department Contact Information

Name:	
Department(s):	
Phone(s):	
E-Mail(s):	
Location(s):	
Date of Request:	

Part II: Space Need Explanation

a) Provide a one sentence description of your department of the program requesting the space:

b) How soon do you require the requested space?

c) Is the space that is needed temporary or permanent? Temp Perm

d) Is this a request for: New Space Loaned Space Swap Space

e) Include the number and types of spaces requested:

Offices:	<input type="text"/>	Staff Cubicles:	<input type="text"/>	Grad Student Stations:	<input type="text"/>
Office Service:	<input type="text"/>	Research:	<input type="text"/>	Research Service:	<input type="text"/>
		Meeting Room:	<input type="text"/>	Other (describe):	<input type="text"/>

f) If specific rooms are requested, provide the facility name and room number for each space

g) Provide a list of the persons and their position title and grade who will occupy the requested space.

Names:	<input type="text"/>	Grades:	<input type="text"/>	Position Titles:	<input type="text"/>
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h) Describe the programmatic need for the requested space (for example, instruction, organized research, student services and support, administrative and support).

i) Describe any requested program adjacencies and/or any other additional requirements of the space:

j) As part of this space request, do you have space that will become available and may be returned to the campus inventory? Yes No

If yes, please indicate the building name and room number(s) that will be released.

If no, please explain the intended use of any released space by bldg name & room number.

k) Describe any adverse implication(s) or outcome(s) if this space request is not approved.

Have you identified any alternatives to this space request?

Part III: Request Details

a) Do you need new or additional furniture? Yes No

b) Is there required renovation associated with this request? Yes No

If yes, describe.

c) Do you need help to identify costs associated w/this specific project? Yes No

d) Do you have a funding source for costs associated with this request? Yes No

Request requires approval of the relevant Vice Chancellor or Dean to be considered.

Signature of Vice Chancellor or Dean: _____

Printed Name: _____ Date of Approval: _____