



Space Request and Assessment Form

CONTACT INFORMATION:			
Requesting Department:		Date:	
Name:	Phone:	E-Mail:	
Request is for: <input type="checkbox"/> On-campus space <input type="checkbox"/> Off-campus space/leased <input type="checkbox"/> Swap existing space with another department/school/college/unit			
I. SPACE FUNCTION CHANGE WITHIN A COLLEGE, ACADMIC OR ADMINISTRATIVE UNIT:			
For updating records only, no action required from Facilities Advisory Committee.			
Changes from:	Bldg:	Room #:	Department/Unit/Program Name:
Changes to:	Bldg:	Room #:	Department/Unit/Program Name:
II. REQUEST FOR CHANGE IN FUNCTION OF SPACE:			
For updating records only, no action required from Facilities Advisory Committee.			
Room #:	Current Room Type code:		
Requested Room Type Change to:			
For assistance with room type codes, please contact campus facilities at 235.1356.			
III. REQUEST TO REASSIGN SPACE ACROSS COLLEGES, ACADEMIC OR ADMINISTRATIVE UNITS:			
Must have signature and approval from Dean, Director or Assistant Vice Chancellor			
Changes from:	Bldg:	Room #:	Department/Unit/Program Name:
Changes to:	Bldg:	Room #:	Department/Unit/Program Name:
IV. REQUEST FOR NEW AND/OR ADDITIONAL SPACE:			
Must have signature and approval from Dean, Director or Assistant Vice Chancellor			
A. Space will be used for: <input type="checkbox"/> Instruction <input type="checkbox"/> Research/Grant <input type="checkbox"/> Administration <input type="checkbox"/> Storage			
B. Space will be used by <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Ras/TAs <input type="checkbox"/> Students <input type="checkbox"/> Other (please specify)			
C. What attempts have been made to locate space within your existing space allocation?			
D. Have you identified possible space options that may be available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe and identify building/room#s and attach drawing/floorplans/diagrams/space model study.			

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E. Date Needed:	Length of time needed:	
F. Provide information on time constraints:		
G. Grant Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Granting Agency:	Grant dates:
H. Do you anticipate any existing space being vacated by your department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Briefly describe the function of your unit:		
J. How much space do you currently have? (total assignable square feet)		
K. What type of space do you currently have? (Instructional, research, office, workspace, storage, etc.)		
L. Number of Full Time Equivalent (FTE):	Number of faculty FTE?	Number of part-time faculty?
Number of staff FTE?	Number of part-time staff?	
Do you anticipate the number of people in your unit increasing within the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate reasons for anticipated growth:		
M. Briefly describe why new or additional space is needed:		
N. Are you anticipating any remodeling or enhancements to accommodate your proposed use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
O. Explain how the new space will be used to support the department's Strategic Plan and its conformity to the Campus Master Plan.		

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REQUEST AUTHORIZATION SIGNATURES:	
Department Chair/Manager: Comments:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date:
Dean/AVC/Director (as appropriate) : Comments:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date:
Facilities Advisory Committee: Chair: Comments:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date:
Office of the Chancellor: Comments:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date:
<p>Please return a copy of the completed and signed form to:</p> <ul style="list-style-type: none"> The contact person. The Provost Office/Vice Chancellor relevant to the department. The Assistant Vice Chancellor-Facilities. The Dean of the School/College. <p>For assistance in completing this form, space information or floor plans contact Campus Facilities Management at 235.1356</p>	