

Request for Space Assignment

After completing this form, please fax (x1580) or mail to Facilities & Space Planning (MS1280).

Requesting Department _____ *Date of Request* _____

Contact Person _____ *Phone* _____ *E-Mail* _____

1. What type of space are you requesting?

Type (classroom, office, wet/dry lab, etc.) _____

Square Feet: _____ *Special Requirements (e.g. add'l outlets, ventilation, hazardous materials involved):*

2. What's your preferred location for the space? If you don't have a building in mind, list an area of campus.

Building _____ *Floor* _____ *Room #* _____

What is this space currently being used for? (Please note if it's a multipurpose classroom.)

3. Will the requested space require remodeling or improvements? YES ___ NO ___

If YES, include source of funding: _____

4. Will any currently used space be made available for other uses? YES ___ NO ___

If YES, building name: _____ *Room number(s):* _____

5. When will you need the space? _____

6. Please explain why you need this space. Attach extra sheets if necessary.

Signature and date: Requester

Print name

Signature and date: Dean or Director

Print name

Signature and date: Vice President

Print Name