REQUEST FOR NEW SPACE AND MOVES

POLICY: All requests for new space, moves or a change in how space is allocated must be forwarded through the office of Campus Planning and Space Management to the Vice President of Business Affairs for analysis and approval.

Contact Information:
Requesting Department: ___________________________ Date: ____________

Name ___________________________ Phone ___________________________ Email ___________________________

Description of Space Needed:
1. Type, number and capacity of spaces needed:

<table>
<thead>
<tr>
<th>Type</th>
<th>No.</th>
<th>Cap.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td></td>
<td></td>
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<tr>
<td>Conference Room</td>
<td></td>
<td></td>
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<tr>
<td>Assembly/Auditorium</td>
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<tr>
<td>Laboratory</td>
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<tr>
<td>Storage</td>
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<tr>
<td>Office</td>
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<tr>
<td>Study</td>
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<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

2. Space will be used by:

   Faculty □   Staff □   Research Scientist □
   Student □   Other □

3. Will there need to be any remodeling or enhancements to accommodate your proposed use?
   □ YES □ NO
   If yes, please briefly describe below:

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

4. Briefly describe how the space will be used or why new additional space is needed (you may attach drawings/floor plans/designs)

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
5. What are the negative consequences if this request is not favorably considered?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________

6. Briefly describe any special requests for this space including the need for proximity to other facilities (Include as a minimum, telephone, IT and electrical needs).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. List your equipment needs for this room

☐ None needed – will move existing furniture and equipment.
☐ Need the following items?

________________________________________________________________________
________________________________________________________________________

8. Date needed: __________________________

9. What are your estimated costs to complete this request? (Include as a minimum, repairs, renovation, equipment and the move itself).

10. What is the source(s) of your estimate?

11. What is the account to be used to fund this project? __________________________

12. What are the total monies available for this request? $________________

Request Authorization Signature –

Requesting Person __________________________ Date: ________

Department Head __________________________ Date: ________

Dean/Director/Vice President __________________________ Date: ________