

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
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Description of Spaced Needed:

1. Type, number and capacity of spaces needed:

	No.	Cap.		No.	Cap.		No.	Cap.
<input type="checkbox"/> Classroom			<input type="checkbox"/> Laboratory			<input type="checkbox"/> Office		
<input type="checkbox"/> Conference Room			<input type="checkbox"/> Storage			<input type="checkbox"/> Study		
<input type="checkbox"/> Assembly/Auditorium			<input type="checkbox"/> Other					

2. Space will be used by:

Faculty	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Research Scientist	<input type="checkbox"/>
Student	<input type="checkbox"/>	Other	<input type="checkbox"/>		

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: _____