

Space Request Form

Requester Name: _____ Department _____ Date _____
Email: _____ Ext: _____

Description of Request (please include explanation of why this request is required)

(Attach additional pages if needed)

If yes to any of these questions, Operating Team Member and SVP Finance & Administration approval is required

Is this a request for additional space? YES/NO

Is this a request to change the use of existing space within a department? YES/NO

Does this change require any renovations of space? YES/NO

Note: If renovations are required, funds must be requested through the department's capital budget request. Cost estimating will be done by Buildings & Grounds.

Should funds be needed for this request can you identify an account in your current budget? YES/NO

If YES, fund/account _____ amount available _____

Is there a critical deadline for a decision about this request? YES/NO If YES, when? _____

Are you requesting any equipment/furniture? YES/NO If YES, please list here _____

If you have a proposed solution for this space request please explain _____

Required Signatures:

Department Chairperson/Manager (Signature) (Date)

Dean/Director (Signature) (Date)

Operating Team Member approval required if change of use or additional space

Operating Team Member (Signature) (Date)

Vice President of University Real Estate Development and Facilities Management approval required if change of use or additional space

Operating Team Member (Signature) (Date)

Please return completed form to the Senior Vice President, Finance & Administration in the Main College Building, Suite C211. You may be contacted for additional information and will be notified after a decision is made.