University Planning

Space Request Form

Department	This request reflects additional space needed for:
Space Requestor	New faculty position (FTPT)
Phone Number	New staff position (FTPT)
Email Address	New Research Grant Space (labs, offices)
Department Head	Meeting/Support Space
Request Date	Other (Note:)

REQUEST FOR NEW AND/OR ADDITIONAL SPACE (Please check-off items/add data as appropriate) :					
(Must have signature and approval from Dean/S	r. Officer and Department Hea	ad)			
A. Space will be used for: Instruction Res					
B. Space will be used by: Faculty Staff	StudentsOther (Specify))			
C. What attempts have been made to locate space within your existing space allocation?					
D. Will the new space ideally need to be contigu					
E. Are you aware of any possible space options					
F. Space will be needed : Beginning	and ending (if temporary)				
For temporary space use, please explain:					
Space Request Details (Please check-off items/	add data as appropriate)				
Instructional Space					
How many rooms? How many student seat	s per room?	Teaching Lab?	# Lab Stations		
Office Space (List staff/faculty titles for reques	ted space)				
Title of Position	Number of Positions	<u>Approved</u>	and Funded ?		
Office Service Space (Copier, Files, Mailboxes etc.)					
Please describe:					
Conference Room					
Seating capacity	A/V Needs				
Storage Space					
Conditioned Storage Un	conditioned Storage				
Research Space					

Othe	r

Describe other space needed if not included above:

Research Offices

Research Lab

Department Approval Signature	Date	
Print Name		
Dean/Senior Officer Approval Signature	Date	
Print Name		

Other Research Space (note:

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