

## OFFICE OF CAMPUS MASTER PLANNING | CAPITAL PROJECTS

## **REQUEST FOR SPACE**

CONTACT INFORMATION:				
Requesting Division, College, Department:			Date:	
Requester Name:	Title:		Email:	
DESCRIPTION OF SPACE NEED:				
A. Space will be used for: Instruction	☐ Research ☐ Office [	☐ Storage ☐	Support Other	
B. Space will be used by: Faculty	Staff RA/TA	Students	Other	
C. Has a location been identified for this new space that may be available? Yes No				
D. If Yes, please describe: (You may att	ıch drawings/ floor plans / diagram	ns) (if no, please proceed	d to line "H"):	
E. If so, does the current holder of the	space provided support the co	oncept? Yes 🗌	No 🗌	
F. Will there need to be remodeling o	enhancements to accommod	ate your proposed	use? Yes No	
G. If yes, please briefly describe these	changes (if more space is needed	you may attach addi	tional pages):	
H. Please briefly describe how the spa floor plans / diagrams):	ce will be used as well as why r	new/additional spa	ce is needed (You may attach	drawings/
I. Please briefly describe any special requirements for this space including the need for proximity to other facilities:				
J. Date needed:				
K. Do you have funding available to co	nmit to relocation? Yes	No Amount:	\$	
L. Please provide the approximate size	you are requesting in each car	tegory below:		
Requested SF: Office/Wor	k Room SF:	esearch Lab SF:	Teaching Lab	SF:
Storage SF: Other SF:				
Please Describe Other:				
REQUEST AUTHORIZATION SIGNATURE	S:			
Division / College / Department Head:			Date:	
Office of Campus Master Planning Capital Projects:			Date:	
Provost:			Date:	