



University Department Space Request Form

Space Reassignment or Reconfiguration Review/Approval Process

Completion of this Space Request Form with the proper signatures and supporting documents is required to start the space request process.

Space Request Form must have signatures from the Department Chair/Budget Authority and Dean (if applicable) before submitting to their Vice President, who will submit the form via email to the Provost and Senior Vice President of Academic Affairs and Strategic Enrollment as well as the Senior Vice President of Finance & Administration for review and final decision.

| Contact Information: | | |
|---|-----------|-------------|
| Requesting Department: | | |
| Name: | Title: | Supervisor: |
| Phone: | Email: | Date: |
| Request Location: | | |
| Building(s): | Floor(s): | Rooms(s): |
| A. How is the current space used? Check all that apply. | | |
| Training/Classroom Office Lab/Research Meeting Room Student Study | | |
| Storage Copy Room Other- Please explain: | | |
| B. How much space do you currently have? (Total square footage) | | |

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| C. Do you anticipate the number of people in your department increasing within the next two years? | |
| Yes | No |
| D. If yes, please specify the projected growth numbers for each area: | |
| Full-Time Faculty | Part-Time Faculty Staff Student Workers |
| Reason for Space Request: | |
| Select all that apply: | |
| Space Reassignment- Moves within previously allocated space(s) | |
| Departmental move involving more than one department (e.g. Renovating/reconfiguring space assigned to one department to make room for another department to cohabitate) | |
| Change of Space Function or Person (e.g. change a storage space to an office) | |
| Additional Details: | |
| Space required for funded research | |
| Renovations/upgrades required to existing space not related to maintenance (e.g. relocating walls, doors, new utility connections, HVAC modifications, changes to lighting, changes to floor or ceiling systems) | |
| Renewal of space required (New carpet, paint, window treatments, etc.) | |
| Purchase or Reconfiguration of new or existing furniture/equipment requested | |
| Desired date (subject to approval and availability) | |
| | |
| Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved. | |
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| Describe the type of room requested and how the space will be used. | | |
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| Describe programmatic needs (i.e. why additional space or changes to existing space is necessary). | | |
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| Describe any anticipated space renovations in the targeted space. Attachments may be added to provide further explanation. | | |
| | | |
| Funding Source: Include funding source, if applicable. | | |
| A. Which index will you be using? | | |
| B. Has your budget been approved? Yes No | | |
| C. Do you have available funds in your current budget? Yes No | | |
| D. Will funding come from a Grant/Award/Donor Yes No | | |
| E. If yes, please specify Grant/Award/Donor Name: | | |
| Request Authorization Signatures | | |
| Requestor Signature: _____ Date: _____ | | |
| Department Chair/Budget Authority Name: | | |
| | Signature: _____ | Date: _____ |
| Comments: | | |

| | | | |
|---|------------|----------|-------|
| Dean Name (If Applicable): | | | |
| | Signature: | | Date: |
| <p>Comments:</p> | | | |
| Submit for Review | | | |
| Once completed, email the form to the VPFA and Provost. | | | |
| Vice Presidents' Review | | | |
| Approved | On Hold | Declined | Date |
| <p>Comments:</p> | | | |