I. CONTACT INFORMATION

Contact Person ___________________________ Department ___________________________
Phone: ___________________________ Email: ___________________________

PLEASE COMPLETE SECTION II, III, IV, OR V AS APPROPRIATE

II. REQUEST TO MOVE PERSONNEL

1. FROM: Building/Room ___________________________ TO: Building/Room ___________________________

2. Justification for change: ________________________________________________________________

3. Date for requested move: ______________________________________________________________

4. Will specific renovations be needed? [ ] Yes [ ] No If yes, attach Physical Plant and Tech plans and estimates.

III. REQUEST TO CHANGE FUNCTION OF ROOM

1. Building/Room ______________________________________________________________

2. Current Room Function [ ] Instruction [ ] Research [ ] Administration [ ] Student Services [ ] Auxiliary [ ] Storage [ ] Grant (include the grant # ) ______________________________________________________________

3. Requested Room Function Change to: [ ] Instruction [ ] Research [ ] Administration [ ] Student Services [ ] Auxiliary [ ] Storage [ ] Grant (include the grant # ) ______________________________________________________________

4. Justification for change: ______________________________________________________________

5. Date for requested change of function: __________________________________________________

6. Will specific renovations be needed? [ ] Yes [ ] No If yes, attach Physical Plant and Tech plans and estimates.

IV. REQUEST FOR NEW AND/OR ADDITIONAL SPACE (All other changes)

1. If known, space requested: Building/Room ___________________________ If unknown, preferred location: ___________________________

2. Space will be used for: [ ] Instruction [ ] Research [ ] Administration [ ] Student Services [ ] Auxiliary [ ] Storage [ ] Grant (include the grant # ) ______________________________________________________________

3. Space will be occupied by: [ ] Faculty [ ] Staff [ ] RAs/TAs/TFs [ ] Students [ ] Other ______________________________________________________________

   a. Names of faculty/staff/function that will occupy the requested space: ___________________________

   b. Identify the space where these faculty/staff/functions are currently located: ___________________________

   c. Will current space be vacated? [ ] Yes [ ] No

4. Do you anticipate the number of people in this unit increasing within the next two years? [ ] Yes [ ] No
a. If yes, indicate number of people and reasons for anticipated growth: ____________________________

b. What type of space do you anticipate needing in the next two years (research, instructional, office, workspace, etc.)? ____________________________

5. Date space will be needed: ____________________________

6. Type of space needed: □ Permanent □ Temporary Duration:

7. Will specific renovations be needed? □ Yes □ No If yes, attach Physical Plant and Tech plans and estimates.

8. Provide information on any time constraints or relevant needs that may affect the allocation of space.
   ____________________________

9. Briefly describe the function of the unit requesting space. ____________________________

V. EXISTING SPACE (Space unit/function currently occupies)

1. Location of the space currently occupied by the unit or function requesting new space/additional space/change of function of space/moving personnel? ____________________________
   Building/Rooms: ____________________________

2. What is the assignable square footage of your current space? ____________________________

3. Will all or part of this space be vacated? □ Yes □ No
   If no, explain reason(s) why current space will not be vacated and do you plan to reserve this space?
   ____________________________

4. If part of the space will be vacated, identify the location.
   ____________________________

VI. REQUEST AUTHORIZATION SIGNATURES

1. Funding source for renovations: ____________________________

2. Signature Authority for funding source: ____________________________

Approval to proceed does not indicate a guarantee of space or financial support for the purpose outlined in this request.

Department Chair/Director: ____________________________ Date: ____________
    Comments: ____________________________

Dean/Director: ____________________________ Date: ____________
    Comments: ____________________________

Vice President/Provost: ____________________________ Date: ____________
    Comments: ____________________________

Submit form to the Office of Academic Affairs for review by the Campus Space Management and Facilities Advisory Committee.