

**SPACE REQUEST FORM**  
**The University of Texas at Tyler**

**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 # ) \_\_\_\_\_  
 Other, specify \_\_\_\_\_
3. Requested Room Function Change to:  Instruction  Research  Administration  Student Services  
 Auxiliary  Storage  Grant (include the grant # ) \_\_\_\_\_  
 Other, specify \_\_\_\_\_
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 # ) \_\_\_\_\_  
 Other, specify \_\_\_\_\_
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.