

Space Allocation and Alteration Request Form

Policy: All requests for new space or a change in how space is allocated between colleges or other major administrative units (MAU) must be forwarded to the Office of Business Services for analysis and the approval process.

***Requestor must receive written approval from the Office of Business Services prior to proceeding with any changes.**

CONTACT INFORMATION:		
Requesting Department:	Date:	
Name:	Phone:	Email:
DESCRIPTION OF SPACE NEED:	If you need assistance completing this form or floor plans, please do not hesitate to call the Business Services Office at 942-2021	
Please check all that apply: <input type="checkbox"/> Change of Function <input type="checkbox"/> Reassignment Across Department <input type="checkbox"/> Reassignment Across Colleges <input type="checkbox"/> Improvement of Space <input type="checkbox"/> Request for Space in New Construction <input type="checkbox"/> Request for Additional Space <input type="checkbox"/> Discrepancies in Current Space Data <input type="checkbox"/> Vacated/Departure of Space – Please provide building/room #'s _____		
A. Space will be used for: Instruction <input type="checkbox"/> Research <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> Other <input type="checkbox"/>		
B. Space will be used by: Faculty <input type="checkbox"/> Prof. Staff <input type="checkbox"/> Class. Staff <input type="checkbox"/> RA/TA <input type="checkbox"/> Students <input type="checkbox"/> Other <input type="checkbox"/>		
C. Have you identified a suitable location for this new space that may be available? Yes <input type="checkbox"/> No <input type="checkbox"/>		
D. If Yes, please describe using building/room #s: (If No, please proceed to line "H".)		
E. Is the College's Administrative Department Space Representative aware of these changes? Yes <input type="checkbox"/> No <input type="checkbox"/> Do they support the concept? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who? _____		
F. Will there need to be any remodeling or enhancements to accommodate your proposed use? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, do you have funding available to commit to changes/relocation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
G. If yes, please briefly describe these changes (If more space is needed, you may attach additional pages):		
H. Please briefly describe how the space will be used as well as why new/additional space is needed:		
J. Date Needed:	Length of time needed:	
REQUEST AUTHORIZATION SIGNATURES:		
Department Head:		Date:
Dean/Director/VP:		Date:
Executive Director for Business Services:		Date:
For Office Use: Notes:		Fall _____ Completed/Denied _____ Initials _____