



## REQUEST FOR ALLOCATION OF SPACE

I. REQUESTOR INFORMATION			
Requestor:		Title:	
Department:		Location:	
Phone:	Fax:	Email:	Date:
II. DESCRIPTION OF SPACE REQUEST			
Space type/Space used by (Check type/use of space Required)	No. of Rooms	No. of People	Estimated size of Space (Sq. Ft)
Faculty/Staff Office [ ]			
Clerical Office [ ]			
Conference [ ]			
Teaching Lab [ ]			
Research Lab [ ]			
Support Space [ ]			
Student [ ]			
Other [ ]			

III. REQUEST JUSTIFICATION (Please provide the following backup documentation)	
Reason and rationale for request (need is being driven by a new program, research grant, inadequate space, new faculty, etc). List consequences if request is not granted. (Attach additional information if needed).	
When is the space needed?	How long will the space be required?
Building(s)/room(s) desired (list in order of preference):	
Will any existing space be vacated if this request is approved? If yes, please identify building(s) and list of rooms.	
Will this space need to be renovated if request is granted? If yes, are funds available for the renovation? Please identify funding source. Scope of work and cost estimates must be requested through your Component Head and the CEA to Capitol Projects and/or Physical Plant, if necessary.	
If this space is for a grant, has the proposal been funded? If yes, please provide date and amount of award and the indirect costs approved for renovations.	

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**IV.**

### REVIEW AND APPROVALS

*(Please check off the appropriate approval status and sign and date)*

DEPARTMENT/UNIT HEAD	SIGNATURE	DATE
<input type="checkbox"/> Forward to Component Head – Recommendation Approved		
<input type="checkbox"/> Return to requestor – Not Recommended		
<input type="checkbox"/> Return to requestor – More Information Needed		
COMMENTS:		

COMPONENT HEAD	SIGNATURE	DATE
<input type="checkbox"/> Forward to Space Allocation Committee – Recommendation Approved		
<input type="checkbox"/> Return to Dept. Head – Not Recommended		
<input type="checkbox"/> Return to Dept. Head – More Information Needed		
COMMENTS:		

SPACE ALLOCATION COMMITTEE	SIGNATURE	DATE
<input type="checkbox"/> Forward to President – Recommendation Approved		
<input type="checkbox"/> Return to Component Head – Not Recommended		
<input type="checkbox"/> Return to Component Head – More Information Needed		
COMMENTS:		

PRESIDENT	SIGNATURE	DATE
<input type="checkbox"/> Return to Space Allocation Committee – Approved		
<input type="checkbox"/> Return to Space Allocation Committee – Not Approved		
<input type="checkbox"/> Return to Space Allocation Committee – More Information Needed		
COMMENTS:		

FORM DISTRIBUTION				
<input type="checkbox"/> Requesting Department	<input type="checkbox"/> Component Head	<input type="checkbox"/> Capital Projects	<input type="checkbox"/> Physical Plant	<input type="checkbox"/> CEA

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