



Space Request Form

Due Dates: Fall Semester by Feb 1st Spring Semester by Aug 1st
Summer Semester by Dec 1st *Add more time to deadlines for remodeling

Requesting Department: _____

UDDS Code: _____ **Today's Date:** _____

Contact Person Name: _____

Contact Person Phone: _____ **Contact Person Email:** _____

Space Assignment Analysis

1. What type of space is being requested:

	<u># of Rooms</u>	<u>Total Sq. Ft.</u>	<u>Special Requirements</u>
Classroom	_____	_____	_____
Dry Teaching Lab	_____	_____	_____
Wet Teaching Lab	_____	_____	_____
Dry Research Lab	_____	_____	_____
Wet Research Lab	_____	_____	_____
Office	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

2. What is the preferred location for the requested space?

	<u>Building Name</u>	<u>Room Number</u>
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

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3. Will the requested space require any remodeling or improvements?

No Yes If yes, enter source of funding: _____

4. Source of funding for the move and remodeling/improvements:

5. Will any existing space be vacated or released for reassignment?

No

Yes Bldg Name: _____ Room Number(s): _____

6. Justification – Explain the basis for this request:

Approvals

Department Chair Name

Department Chair Signature

Date

Dean or Director Name

Dean or Director Signature

Date