

FACILITIES SPACE CHANGE FORM

This form is for the notification to Space Management of CHANGES in facilities space or the REQUEST for new space.

Department &	Contact Inf	ormatio	n				
Requesting Dept:		(Contact Name:		Phone:	User Name:	
Location of Ch	ange						
Building:			Room(s):				
For a long se	ries of rooms or for	a whole buildii	ng, please attach a	room number list	ing with noted changes. Pu	t "attachment" in the room field.	
Please Describ	e the Chan	ges in Yo	ur Space o	or the Requ	est for Addition	al Space:	
Update to current space:		Request for new space			e: Department Move:		
PLEASE INCLUDE A CURR ADDITIONAL SPACE IN YO Drive under folder Emerg	DUR PROGRAM AND	LOOR PLAN WI THIS WILL THE	TH CHANGES SKE EN BE SENT TO THI	TCHED IN. FOR NE E SPACE MANAGEN	W SPACE, ATTACH A DOCUM MENT & UTILIZATION COMM	MENT DESCRIBING THE NEED FOR ITTEE. (PDF floor plans are on the T	
Space will be used for	:						
Instruction	Research	Office	Meeting	Storage	Other		
				If instruction,	what will the student ca	apacity be?	
If spa	ce is currently o	cupied by ar	nother departm	ent, have you c	ontacted current user of	f the space? Yes No	
				If ye	es, when will the space k	oe vacated?	
When will the space of	hange be effecti	ve?					
Urgent (explain):						
Final measurements for ch	nanges will be taker	by Space Man	agement.				
Approvals:							
APPROVAL PROCESSING IN	changes within the	department wil	I need the Dean/A	/P's signature. Cha	nges for instructional spaces i	nin the department need only the Chair need to be approved by the Provost/VF	
CURRENT SPACE HOL	.DER						
Chair/Director:		De	an/AVP:		Provost/VP:		
NEW SPACE HOLDER Chair/Director:		De	an/AVP:		Provost/VP:		

BUILDING LIAISON: IT PROJECT MANAGEMENT: (Required for ALL changes) (Required for ALL changes) Amber Failla - anl033@shsu.edu

SPACE MANAGEMENT ACKNOWLEDGMENT: (Required for ALL changes)