

## **FACILITIES SPACE CHANGE FORM**

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

| Request | Date |
|---------|------|
|---------|------|

| Department & Co  | ontact Informat           | tion                                      |                                   |  |   |  |
|--|---------------------------|---|-----------------------------------|--|---|--|
| Requesting Dept:   |                           | Contact Name:                             |                                   | Phone:   | User<br>Name:   |  |
| <b>Location of Chan</b>  | ge                        |   |                                   |  | Name.   |  |
| Building:  |                           | Room(s):                                  |                                   |  |   |  |
| -  | of rooms or for a whole h |   | room number listi                 | ng with noted changes. Put "a                    | ttachment" in the room field                                    |  |
|  |                           |   |                                   |  |   |  |
| Please Describe (  | ille Changes III          | Tour Space of                             | i tile kequ                       | est for Additional                               | Space.  |  |
| Update to current space: Request for new spa   |                           | for new space:                            | : Department Move:                |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
|  |                           |   |                                   |  |   |  |
| PLEASE INCLUDE A CURRENT<br>ADDITIONAL SPACE IN YOUR<br>Drive under folder Emergency   | PROGRAM AND THIS WILL     | N WITH CHANGES SKE<br>THEN BE SENT TO THI | TCHED IN. FOR NEVEL SPACE MANAGEM | N SPACE, ATTACH A DOCUMENT & UTILIZATION COMMITT | IT DESCRIBING THE NEED FOR<br>EE. (PDF floor plans are on the T |  |
| Space will be used for:  |                           |   |                                   |  |   |  |
| Instruction F  | Research Office           | Meeting                                   | Storage                           | Other  |   |  |
|  |                           |   | If instruction,                   | what will the student capa                       | acity be?   |  |
| If space i   | s currently occupied b    | y another departm                         |                                   | •  | •   |  |
| If space is currently occupied by another department, have you contacted current user of the space? Yes  If yes, when will the space be vacated? |                           |   |                                   |  |   |  |
|  |                           |   | , =                               | э,с эрчес же                                     |   |  |
| When will the space chan   | ge be effective?          |   |                                   |  |   |  |
| Urgent (explain):  |                           |   |                                   |  |   |  |
| Final measurements for chang   | es will be taken by Space | Management.                               |                                   |  |   |  |
| Approvals:   |                           |   |                                   |  |   |  |
| APPROVAL PROCESSING INSTRU   |                           |   |                                   |  | the department need only the Cha                                |  |
| Director's signature. Major cha<br>The Campus Space Planner in th  |                           |   |                                   |  | d to be approved by the Provost/V                               |  |
| CURRENT SPACE HOLDE  | R                         |   |                                   |  |   |  |
| Chair/Director:  | ••                        | Dean/AVP:                                 |                                   | Provost/VP:                                      |   |  |
|  |                           |   |                                   |  |   |  |
| NEW SPACE HOLDER Chair/Director:   |                           | Dean/AVP:                                 |                                   | Provost/VP:                                      |   |  |

BUILDING LIAISON:

(Required for
ALL changes)

DIRECTOR OF Required for
ALL changes)

DIRECTOR OF IT NETWORKING:

(Required for
All changes)

SPACE MANAGEMENT ACKNOWLEDGMENT:

(Required for
All changes)