

University Space Request Form

REQUESTER CONTACT INFORMATION

Requ	ester's Name:
Requester's Title:	
Requester's Department:	
Requ	ester's Email:
Requ	ester's Phone:
Request Date:	
Type of Space (mark all that apply)	
	Office
	Instructional/Teaching
	Meeting Rooms
	Storage
	Other (Describe):
<u>Durat</u>	ion of Use Request
	Permanent
	Temporary
	From: to:

PROPOSAL

The requester must thoroughly clarify and justify the importance of the request for assignment/reassignment of space. It is very important to explain why this space request cannot be accommodated within the current space assignment. When completing the request, assume the readers do not have an in-depth knowledge of the requester's field. Attach additional pages to address the following topics:

- a. **EXECUTIVE SUMMARY**: Provide a brief description of the specific space being requested, how it will benefit your unit, the consequences of not obtaining the space, and the anticipated time the space is needed. Include photos if possible.
- b. **MISSION AND HISTORY**: Describe what this unit is responsible for and how it fits

into the fabric of the college and university.

- c. **OPERATIONS & SERVICES**: List the operations required and services provided necessary to carry out the unit's mission. Explain how the current space allocation does not meet the operational needs of the requester's department.
- d. **SPACE LOCATION**: Describe the factors providing the most favorable location for the unit's operations.
- e. **ADJACENCIES**: Include necessary adjacencies, proximity to parking, and relationships to other units. Indicate how current and proposed location meets these factors.
- f. **JUSTIFICATION FOR SPACE**: Indicate whether the request is being driven by a new program, services, or if the request is being driven by inadequate space, compliance issues, or for any other reason. Explain why this request cannot be accommodated within current space allocations, noting steps the unit has taken to better utilize the existing assigned space.
- g. **PROGRAM BENEFITS**: How will the space requested serve the programmatic needs of the unit? Include any explanation of how the requested space will benefit the unit; items such as academic delivery, program efficiency, grant or contract support, program support, etc.
- h. SUPPORT OF CI'S MISSION & GOALS: How does this space assignment/reassignment support the mission and goals of the unit, college and university? How will enrollment, outreach activities, or services provided be impacted through the utilization of the proposed space.
- i. **SPACE USE**: Include a complete list of all the spaces being requested (including buildings and room numbers, if applicable) along with an in-depth explanation of the intended use for the spaces. Also include a complete list of any spaces being vacated by this request, if applicable. List name and title of staff that will be using the space as well as whether they are currently employed or to be hired, and whether they are full-time or part-time. List any special requirements of requested space such as location, access, equipment, adjacencies and months/days/hours of operation. For existing space, indicate how the proposed areas might be affected by this request.
- j. **SPACE MODIFICATIONS**: Describe any modifications that will be required in order to occupy the space. Describe how modifications will be funded.
- k. **PROPOSED BUDGET**: Identify available budget for space modifications, new furniture, personnel and equipment relocations, etc.

SPACE REQUEST APPROVAL

UNIT SUPERVISOR – PRELIMINARY APPROVAL

I have reviewed this space request and recommend it be forwarded to the USPC for further action.

Unit Supervisor (printed name) Signature/Date

ASSOCIATE VICE PRESIDENT – PRELIMINARY APPROVAL

I have reviewed this space request and recommend it be forwarded to the USPC for further action.

Associate Vice President (printed name) Signature/Date

DIVISIONAL VICE PRESIDENT – PRELIMINARY APPROVAL

I have reviewed this space request and recommend it be forwarded to the USPC for further action.

Vice President (printed name) Signature/Date

UNIVERSITY SPACE PLANNING COMMITTEE CHAIRPERSON

I have reviewed this request and estimate the project size to be ______ assignable square feet (ASF). I have reviewed this request for conformity to life-safety, building codes, and CI space guidelines.

This request shall be forwarded to the **UNIVERSITY SPACE PLANNING COMMITTEE**, with the following recommendations.

The request is recommended for partial approval as noted. (See attached information.)



The request is recommended for approval as proposed.

The request is recommended for approval with conditions. (See attached information.)

The request is not recommended for approval. (See attached information.)

UNIVERSITY SPACE PLANNING COMMITTEE CHAIRPERSON

Signature/Date

UNIVERSITY SPACE PLANNING COMMITTEE REVIEW:

This requested assignment/reassignment of space is:

- Approval recommended to President.
- Denial recommended to President.
- Continued for additional information from requester. See attached detail information.

UNIVERSITY SPACE PLANNING COMMITTEE CHAIRPERSON

Signature/Date

Upon final USPC review, recommendations are forwarded to the President for final approval of project.

USPC approval recommendation does not constitute funding approval. Requesters are responsible for obtaining funding prior to proceeding with the project.