



Space Request Form

CONTACT

Requestor's Name: _____

Requestor's Title: _____

Requestor's Phone: _____

Requestor's Dept.: _____

Type of Space: Office Teaching Meeting Storage

Other (Describe): _____

Signature/Date

PROPOSAL

The Requestor 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 space being requested, how it will benefit your unit, the consequences of not obtaining the space, and the anticipated time the space is needed.
- 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. Provide operation/service name, description, service provided to, and measure of service.
- 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 along with an in-depth explanation of the intended use for the spaces. 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.

REQUEST FOR ASSIGNMENT OF BUILDING SPACE

UNIT SUPERVISOR – PRELIMINARY APPROVAL

I authorize additional time be spent to investigate this space request.

Unit Supervisor (printed name) Signature/Date

ASSOCIATE VICE PRESIDENT – PRELIMINARY APPROVAL

I authorize additional time be spent to investigate this space request:

Associate Vice President (printed name) Signature/Date

DIVISIONAL VICE PRESIDENT – PRELIMINARY APPROVAL

I authorize additional time be spent to investigate this space request:

Vice President (printed name) Signature/Date

DIRECTOR, PLANNING, DESIGN & CONSTRUCTION

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 and make the following recommendation:

This request is forwarded to the **UNIVERSITY SPACE PLANNING COMMITTEE**, and I believe this is a reasonable request is not a reasonable request and I recommend approval with the following conditions does not recommend approval for the following reasons:

DIRECTOR, PLANNING, DESIGN & CONSTRUCTION

(printed name) Signature/Date

EXECUTIVE APPROVAL:

This requested assignment/reassignment of space is approved as submitted, approved with the following conditions, not approved for the following reasons:

VICE PRESIDENT, FINANCE AND ADMINISTRATION (printed name) Signature/Date

PRESIDENT (Projects over \$100,000) Signature/Date