## **Academic Affairs Space Request Form**

Department:				
Contact perso	n for Request (Name): _			
Date Submitted:		one:	Email:	
Are you Moving		Into New Space	Creating Additional Space	
Are you wanting to Expand		Vacated	Occupied	
	ibe your current space si ers and approximate squ	•	pes your program occupy? Include room ea occupied.	
		•	ents, and avoid "adequate" as a need: swer remaining needs for EACH room.	
b		rical, HVAC, lighting, sto esired space utilizations.	rage, plumbing, etc.). Attach a proposed	
C.	•	or each room (need to k c printers and any other	now about number of computers, phones misc. equipment).	
d		each room: What invented from existing space?	toried equipment will be in the room, and	

	e.	Furniture needs for each room: What furniture will be in the room, and how much of that will be transferred from existing space?
	f.	Privacy/Security needs: justify limited-occupancy offices, special security locks, etc.
	g.	ADA needs for each room: Are there special requirements needed beyond normal building codes?
3.	etc.). Co	ost will be involved in this request? (Examples: furniture, moving expenses, renovations, onsider consulting with IT and PDC if you are unsure. Who will be responsible for the cost nove and any renovations?
4.		ation? What has changed that makes your current space inadequate? What is the benefit University for making this change? Please be concise (250 words or less).
5.	Do you there?	have a space in mind? If so, why is this space adequate? Who and what is currently
6.	What sր a.	pace will you vacate upon moving? Be specific: include room numbers and approximate square footage of each area occupied.

	b.	. If shared with another program, what fraction of time is dedicated to your progra Room open more hours of the day?	ım?
7.		needs for the space during a typical week: Full-time or part-time faculty/staff? Evening/24-Hour/Weekend?	
8.		is the time frame (dates and duration) for your move? ASAP is not acceptable. Prov tic dates.	ide
Approv	als Nee	eded Prior to Submission to Space Committee:	
		Department/Program Head	Date
		Dean	Date
		Dean if more than one college is involved	
Turned	l into Je	essica Steenbergen – 3 weeks prior to meeting	
Approv	ed pen	nding PDC Approval - IT Approval	
Commi	ittee ma	akes recommendation to provost	
		Provost signs off	_ Date