



REQUEST FOR ALLOCATION OF SPACE

Requestor:
Title:
Department
Address:
Phone:
Fax:
Email:

Contact Person (if different from requestor)
Title:
Department:
Address:
Phone:
Fax:
Email:

Please provide the following backup documentation:

- Reason for request (need is being driven by a new program, research grant, inadequate space, new faculty, etc).
- Rationale for allocation, including likely benefits, and consequences if request is not granted.
- Beneficiaries of allocation.

Review and Approval Signatures

Dean/Assistant/Associate Vice President

Signature

Title

Date

Provost/Vice President

Signature

Title

Date

Return completed form to University Planner, Sherman Hall



REQUEST FOR ALLOCATION OF SPACE

Building(s) desired (list in order of preference):

Space Required:

Space Type	# of rooms	#of people
Faculty/Staff Office		
Clerical Office		
GA Office		
Conference		
Teaching Lab		
Research Lab		
Support Space		
Other		

When is the space needed?

How long will the space be needed?

If this space is for a grant, has the proposal been funded?
If yes, please provide date and amount of award.

If no, when do you anticipate funding?

Will any existing allocations be vacated if this request is approved?
If yes, please attach list of rooms.

Will this space need to be renovated if request is granted?
If yes, are funds available for the renovation?

If funds are not available, please follow the Asset Protection request process.

Return completed form to University Planner, Sherman Hall