



REQUEST FOR ALLOCATION OF SPACE

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

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

Space Requested:

Space Type	# of Rooms	# of People
Faculty / Staff Office		
TA / RA Office		
Conference / Seminar		
Teaching Laboratory		
Research Laboratory		
Support Space		
Other: (please specify below)		

Building / Floor / Room desired: (be as specific as a particular room or as general as “the north side of campus”)

REQUEST FOR ALLOCATION OF SPACE

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 a 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, do you have any requests in place for funds (i.e. asset protection, grants, etc)

Please provide the following backup documentation: (use separate sheet & attach to request)

- Reason for request (need is being driven by a new program, research grant, inadequate space, new hire, etc).
- Rationale for allocation, including likely benefits and consequences if request is not granted.
- How does this allocation help you to meet the goals that your department has set?

Review and Approval Signatures:

By signing this form I am stating that I endorse this request.

Dean / Assistant or Associate Vice President

Signature

Title

Printed Name

Date

Provost or Vice President

Signature

Title

Printed Name

Date