

Space Allocation REQUEST Form
For all University Buildings



SR # _____

Please read the Office, Research, and Storage Space Policy before completing this form.

The requestor may attach a document if there is insufficient room on the form.

Only requests with appropriate approval signatures will be considered for space

allocation. Please direct any questions about completing this form to the Space Allocation Coordinator - phone ext. 5158.

Application Date:	Requestor:	Ext:
College or VP Area:		
Department/Program:		

Section A: Occupancy Information

Occupant Names(s) and Title(s): <i>(Include all people using the space on a consistent basis)</i>		
Start Date:	End Date:	
Is the occupancy duration due to requirements set by funding sources?	Yes	No
Occupant(s) of Space will be:	Research Chairs Research Staff Consultants Other (describe):	
Faculty Staff TA's Sessional		

Section B: Description of Space Use

What is the function of space (i.e. Office, lab, research, etc.)?		
Describe the type of activities performed in the space.		
Is there an existing underutilized room or space on campus that would meet your needs?		
What spaces are currently assigned to you? (Please include room numbers)		
Will the space be shared with more than one group or department? (Please list groups)	Yes	No

Has this space need emerged due to a new initiative or funding?	Yes	No
What is the source of funding including external sources and partners (if applicable)?		
How will the activity funding be sustained (if applicable)?		
Will the use of the facility involve graduate training and research that can be publishable? (If yes please describe)		
Did you notify your Dept. Chair and Dean about your research space needs in advance and in writing?	Yes	No

Section C: FF & E Requirements (Furniture, Fixtures & Equipment)

Please list the types and quantity of equipment. Include existing equipment and its location on campus: (This is for space allocation information only. To acquire this equipment requests must be sent to Purchasing)		
Please indicate utilities required:		
Electrical – 120V	Gas	Floor Drain
Electrical – 220V	Cable TV	Computer/Data
Emergency Power	Water	Telephone
Air Conditioning		
Other (describe):		
Please check all features required for laboratory space:		
Fume Hood	Vivaria	Special Lighting
Wet Lab	Dry Lab	Humidity
Sound Attenuation	High Bay	Quiet Space
Special Key(ing)	Vibration Free	
Other (describe):		

Requestor Additional Comments:

Section E: Department Head, and Dean or Director Approval – For Use by Approving Body Only

If space is available in the space currently allocated to your department/college please fill in the information below:

Assigned Space: _____

Start Date: _____ End Date: _____

Department Head, and Dean or Director Additional Comments:

Dept. Head **Signature:** _____ **Date:** _____
(Includes Academic Chairs, Research Institute Heads, Administrative Supervisors, and Administrative Managers)

Dean or Director **Signature:** _____ **Date:** _____
(Includes College and Administrative Deans, Administrative and Academic Directors, the Registrar, and Vice Presidents)

Forward completed forms to: Attention Douglas Kean – Facilities Department

For Space Allocation use only

Date Received: _____

Date submitted to Research Sub-Committee: _____

Date submitted to Space Allocation Committee: _____

Applicant Notification Date: _____

Assigned Space (if applicable): _____

Space Inventory Code: _____ Change? Yes No