

**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?	<b>Yes</b>	<b>No</b>
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)	<b>Yes</b>	<b>No</b>

Has this space need emerged due to a new initiative or funding?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>

**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