

**I. REQUESTOR INFORMATION**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly describe the function of your department.

Number of full-time faculty \_\_\_\_\_

Number of part-time faculty \_\_\_\_\_

Number of staff \_\_\_\_\_

Number of student workers \_\_\_\_\_

Will the number of people in your department increasing or decreasing within the next 2 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate amount and source of anticipated growth.

What is the current total assignable square footage of your department? \_\_\_\_\_

**II. REQUEST FOR ADDITIONAL SPACE (when new space has not been identified)**

Briefly describe why additional space is needed. Address implications to your unit if request is not approved.

Size of space requested:

Square feet: \_\_\_\_\_ Number of occupants: \_\_\_\_\_ Hours in use/week: \_\_\_\_\_

New space will be used for:

Classroom \_\_\_\_\_ Faculty office \_\_\_\_\_ Staff office \_\_\_\_\_

Instructional lab \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_

Research lab \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_ Grant-funded: Yes \_\_\_\_\_ No \_\_\_\_\_

Administration \_\_\_\_\_

Storage \_\_\_\_\_

Other (specify) \_\_\_\_\_

Could new space be shared or serve dual purpose?

Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be incremental operating costs associated with this additional space? If yes, describe and indicate annual amount.

Yes \_\_\_\_\_ No \_\_\_\_\_

**III. REQUEST FOR CHANGE IN USAGE OR ASSIGNMENT (with no modifications of space)**

Previous assignee: \_\_\_\_\_

**Previous use:**

Classroom \_\_\_\_ Faculty office \_\_\_\_ Staff office \_\_\_\_  
Instructional lab \_\_\_\_ Wet \_\_\_\_ Dry \_\_\_\_  
Research lab \_\_\_\_ Wet \_\_\_\_ Dry \_\_\_\_ Grant-funded : Yes \_\_\_\_ No \_\_\_\_  
Administration \_\_\_\_  
Storage \_\_\_\_  
Other (specify) \_\_\_\_\_

Proposed new assignee: \_\_\_\_\_

**Proposed new use:**

Classroom \_\_\_\_ Faculty office \_\_\_\_ Staff office \_\_\_\_  
Instructional lab \_\_\_\_ Wet \_\_\_\_ Dry \_\_\_\_  
Research lab \_\_\_\_ Wet \_\_\_\_ Dry \_\_\_\_ Grant-funded : Yes \_\_\_\_ No \_\_\_\_  
Administration \_\_\_\_  
Storage \_\_\_\_  
Other (specify) \_\_\_\_\_

**Will there be incremental operating costs associated with this additional space? If yes, describe and indicate annual amount.**

Yes \_\_\_\_ No \_\_\_\_

**Plans for accommodating previous assignee/use (if applicable):**

**IV. REQUEST FOR NEW SPACE CONSTRUCTION OR EXISTING SPACE MODIFICATION**

Briefly describe why new or modified space is needed. Address implications to your unit if request is not approved.

Size of space requested:      Square feet: \_\_\_\_\_      Number of occupants: \_\_\_\_\_

Hours in use/week: \_\_\_\_\_

New/modified space will be used for:

- Classroom \_\_\_\_\_      Faculty office \_\_\_\_\_ Staff office \_\_\_\_\_
- Instructional lab \_\_\_\_\_      Wet \_\_\_\_\_ Dry \_\_\_\_\_
- Research lab \_\_\_\_\_      Wet \_\_\_\_\_ Dry \_\_\_\_\_      Grant-funded: Yes \_\_\_\_\_ No \_\_\_\_\_
- Administration \_\_\_\_\_
- Storage \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Could new space be shared or serve dual purpose?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have funding for space construction/modification?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is funding source? \_\_\_\_\_

Will there be incremental operating costs associated with this additional space? If yes, describe and indicate annual amount.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please attach all concept work produced for this project by Campus Planning & Design or designated outside organization.