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.