

ACADEMIC AFFAIRS REQUEST FOR ALLOCATION OR RENOVATION OF SPACE

Additional Space Change in Usage or Assignment New Space Construction or Existing Space Modification

Time frame for request: Imminent Immediate 6- 12 months Intermediate 1-3 yrs Projected: 4 – 6+ yrs

REQUESTOR INFORMATION

Department: _____ Date: _____

Division: **ACADEMIC AFFAIRS**

Submitter's Name: _____ Email: _____ Phone: _____

Title: _____ Address: _____ Fax: _____

If different from submitter

Contact Person: _____ Email: _____ Phone: _____

Title: _____ Address: _____ Fax: _____

Briefly describe the function of your department:

What is the current total assignable square footage of your department? _____ sq ft.

Number of full-time faculty _____ Number of part-time faculty _____

Number of staff: exempt _____ non exempt _____ Number of student workers _____

Will the # of people in this department increase or decrease w/in the next 2 years? Yes _____ No _____

If yes, indicate amount and source of anticipated growth. _____

SPACE REQUEST

Square feet: _____ # of rooms _____ Number of occupants: _____

For how long? _____ Hours in use/week: _____

Space will be used for:

Classroom _____	Faculty Office (circle one): Full time Adjunct Research Lecturer
Administration _____	Exempt Staff office _____ Non Exempt Staff Office _____
Grad Student _____	Post Doc Student _____ Co-op Student _____
Support Space _____	Conference Room _____ Storage _____

(Circle one) Teaching lab Instructional lab Research lab Wet _____ Dry _____

 Studio Rehearsal Space Performance Space

Other (specify) _____

Special Requirements for Requested Space, i.e., HVAC needs _____

Is an off-campus location to fill this request possible? Yes _____ No _____

Could new space be shared or serve dual purpose? Yes _____ No _____

Is the space requested part of a new faculty start-up package? Yes ____ No ____

If yes, who is the faculty member? _____

If this space is for a grant, has the proposal been funded? Yes ____ No ____

If yes, please provide the start and end date of the grant and amount of award. _____

If no, when do you anticipate funding? _____

Please address the urgency and rationale for this allocation. Include benefits if approved and consequences if not approved.

FOR CHANGE IN USAGE OR ASSIGNMENT (with no modifications of space)

Previous use:

Classroom ____	Faculty office ____	Administration ____	Support Space ____
Exempt Staff office ____	Non Exempt Staff Office ____	Grad Student ____	Co-op Student ____
Conference Room ____	Storage ____	Other (specify) _____	
Teaching/Instructional lab ____	Research lab ____	Wet ____	Dry ____

Previous assignee: _____

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

Proposed new assignee: _____ When is the space needed? _____

FOR NEW CONSTRUCTION OR EXISTING SPACE MODIFICATION

Briefly describe why this new construction or modified is needed.

Will any existing space be vacated if this request is approved? Yes ____ No ____

If yes, please list rooms that will be vacated _____

Do you have funding for space construction/modification? Yes ____ No ____

If yes, what is funding source? _____

Have you consulted with Campus Planning and Design & Construction Services? Yes ____ No ____

Have you consulted with Educational Technology Services if this a Classroom request? Yes ____ No ____

Have funds been requested through the university budget hearing process for the renovations? Yes ____ No ____
If yes, which fiscal year and what is the status of the request? _____

Building(s) desired (in order of preference): 1. _____ 2. _____

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

Please attach written cost estimate for your project plus any other supporting documentation, including documentation from The Wallace Center Support Services for rooms requiring audiovisual support

Return this completed form with signatures 1 & 2 to: Sue Provenzano, Eastman 2109

ACADEMIC AFFAIRS REVIEW AND APPROVAL SIGNATURES

When a request crosses departments, colleges or academic affairs support units, signatures from all affected areas must be secured.

1. Department Chair/Director

Signature Title Date

2. College Dean or as appropriate Associate Provost / Assistant Provost

Signature Title Date

Note to College Deans/Associate Provost/Assistant Provost:

List and prioritize this request with any other space request from your area currently pending with the Academic Affairs Space Committee:

3. Academic Affairs Space Committee Chair

Signature Title Date

4. Provost and Senior Vice President for Academic Affairs

Signature Date