

I. REQUESTOR INFORMATION

Date: _____

Name: _____

Email: _____

School/unit: _____

Phone Number: _____

FAX Number: _____

II. THE REQUEST

a. Space Needs (by type): _____

b. Location (area of campus, building, rooms, etc): _____

c. Time Period (Length of time space is needed):

Start Date: _____

End Date: _____

d. Provide a brief description of the need for the requested space and how it relates to the school/unit's mission:

(existing problems, space shortages, etc)

e. Provide a brief description of how the space will be used:

(Programs to be located in the space, number of faculty, staff and students to be accommodated, etc)

f. Can space within the school/unit be reallocated to meet this need? Why/why not?

