

1. Contact Information *[all fields required]*

Date of Origin: July 20, 2004

College or Administrative Unit:

Department Name:

SFE Code: -

Dept. Code: -

Contact Name:

Phone:

(7 or 10 digits)

Email:

Fax:

2. Type of Project

I. Major Projects: Major modifications or new space

II. Minor / Small Projects: Modifications to space

A. New Space B. Existing Space

III. Minor moves / Change in use code / Building relocations

IV. Minor moves / No change in use code

3. Type of Space Requested

Type	Rooms	People	Type	Rooms	People
Department Head:			Research Scientist:		
Faculty:			Post Doctoral Student:		
Visiting/Adjunct:			Research Asst.:		
Instructor/Lecturer:			Teaching Asst.:		
Emeritus Faculty:			Grad Student:		
Professional Staff:			Undergrad Student:		
Classified Staff:					
Lab Technician:			Conference Room:		

4. Labs

	Lab	# of Stations
	Class Lab	
	Computer Lab	
	Research Lab	
	Special Use Lab	

5. Other

Animal Quarters	Greenhouse
Lounge	Department Storage
Meeting Room	

6. Project Information

When is the space needed? (MM/DD/YY)

Vacating existing space?

Request for specific space that is being vacated?

Building/Room #:

Small project / Existing space

List rooms to be modified:

Building/Room #:

Minor moves / Change in Use code / Relocations

List rooms affected:

Building/Room #:

7. Funding

How will the project be funded?

Department

Accommodation Move

Provost

Vice Chancellor

Dean

Other

Research Grant

Has it been funded? Yes No

Award Date: (MM/DD/YY)

GAID No.:

8. Details

Reason for Request:

Describe how the space will be used:

Special needs or equipment (i.e., detailed description of any special plumbing, mechanical, electrical, raised loading docks, and/or structural or service requirements):

List of any proximity considerations that should be considered for this request:

9. Approval

	Name	Email
Dept		
Head/		
Dir:		
Dean:		
Provost/		
VC:		