

Space Request Form (Revision 1.b)

General information	4.6	and Marian	First nam	2	1	Last name			1
	1 Contact Name 2 Department 3 Division/Unit								
	4 Phone/Ext 5 Email 6 Responsible Dean/VP/Dept Chair								
			First nam	2	Last name				
	7 Respo	onsible Dean/VP/Chair email							
	8 Appro	oval (Signature)							
		, ,							
Priorities									
	9 Natur	e of Request							
		gram Areas	Check	Comments					
	i	Education							
	ii	Patient Care							
	iii	Research							
	iv	Support Operations							
	v	Administration							
	vi	Housing							
	vii	Emergency/ Unusable							
		egory of Need	Check						
			Спеск	Comments					
	i	Health and Safety							
	ii 	Legal, Contract or Regulatory							
	iii	Risks Loss of Funding							
	iv	Revenue Generating							
	V	Instructional Priority							
	vi	Quality of life							
	vii	Program Need							
Description of Need	10.5								
	10 Requi	est Description							
	a Dro	gram		Charl	C				
a Program			Check	Comments					
	i Existing ii Expanding iii New								
	iv	Changing needs							
	b Nature- what are you looking for?			Check	Comments				
	i Additional space for an existing program?				<u> </u>				
	ii	ii Renovation of current space?iii Move to new space?							
	iii								
	iv	Reallocation of other space?							
	c Duration of need, if known				Days	Weeks	Months	Years	
	i	Long term]
	ii	Short term							



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	iii	Other- specify			from		to		
d	Date	e Needed Che	eck						
	i	ASAP							
	•	ASAF			ļ		<u> </u>		
	ii	Specify date(s) range			from		to		
	iii	As available							
e	Plan	ned user of space che	eck						
	i	Patient							
	ii	Student (s)							
	iii	Faculty							
	iv	Staff							
	v	Visitor							
	vi	Other							ī
f	Туре	e and # of space (check relevant response							
						does use			
				# of Rooms	Sq. Ft.	require privacy	full time	part time	
	i	Office				7	-	·	
	ii	Cubicle				7			
	iii	Laboratory				1			
	iv	Reception				Ī			
	v	Storage				Ī			
	vi	Clinical				1			
	vii	Exam				Ī			
	viii	Equipment				7			
		Support				Ī			
	x	Classroom				Ī			
	xi	Instructional				1			
	xii	Conference				Ī			
	xiii	Special Needs							
	xiv	Hoteling Space							
	χv	Lounge							
	xvi	Computer lab							
	xvii	Other							
g	Prop	oosed Location, if known				_			
		Building							
	ii	Floor							
	iii	Room							
h	Number of staff to be accommodated			Quantity	Comments				
	i Current								
	ii	Proposed							
		Other							寸
i	Reason for request Check		eck	Comments					
	i New staff								
									ᆿ
		Program expansion							Ħ
		Accreditation							T
		Problem with existing space							Ħ
		Other							=