

**SPACE REQUEST / REVISION FORM**

**DIRECTIONS:**

- Complete Sections A, B for all requests.
- Follow Response Specific Directions in Section B
- Follow Additional Instructions, if any, at the end of each section

**A. CONTACT INFORMATION:**

<b>Requesting Department:</b>		<b>Date of Request:</b>
<b>Contact Name:</b>	<b>Contact Phone:</b>	<b>Contact Email:</b>

**B. REQUEST TYPE:**

<i>Check Appropriate Box</i>	<i>Directions:</i>
<input type="checkbox"/> Change reported space coding of room(s)	Complete Sections C only and forward to the FIC and AVPFPCO.
<input type="checkbox"/> Request for renovation of existing space	Complete Sections D, F, G: complete section C if necessary.
<input type="checkbox"/> Request for new space	Complete Sections E, F, G: complete section C & D if necessary.

**C. REQUEST TO CHANGE SPACE CODING AS REPORTED IN ROOM INVENTORY: (List each room separately)**

<i>Building Name</i>	<i>Room #</i>	<i>Primary CIP</i>	<i>Use %</i>	<i>Secondary CIP</i>	<i>Use %</i>	<i>Remaining CIP</i>	<i>Space Use Code</i>	<i>Functional Category Code</i>	<i>Student Capacity</i>
		<i>Current</i>		<i>Current</i>		<i>Current</i>	<i>Current</i>	<i>Current</i>	<i>Current</i>
		<i>Revised</i>		<i>Revised</i>		<i>Revised</i>	<i>Revised</i>	<i>Revised</i>	<i>Revised</i>
		<i>Current</i>		<i>Current</i>		<i>Current</i>	<i>Current</i>	<i>Current</i>	<i>Current</i>
		<i>Revised</i>		<i>Revised</i>		<i>Revised</i>	<i>Revised</i>	<i>Revised</i>	<i>Revised</i>
		<i>Current</i>		<i>Current</i>		<i>Current</i>	<i>Current</i>	<i>Current</i>	<i>Current</i>
		<i>Revised</i>		<i>Revised</i>		<i>Revised</i>	<i>Revised</i>	<i>Revised</i>	<i>Revised</i>
		<i>Current</i>		<i>Current</i>		<i>Current</i>	<i>Current</i>	<i>Current</i>	<i>Current</i>
		<i>Revised</i>		<i>Revised</i>		<i>Revised</i>	<i>Revised</i>	<i>Revised</i>	<i>Revised</i>

_____	_____
Signature	Title
_____	_____
Printed Name	Date
<b>Attach additional sheets if necessary and forward to the FIC and AVPFPCO</b>	

**D. REQUEST FOR RENOVATION OF EXISTING SPACE:**

Provide building name, room number(s). Attach drawings/floor plans. Contact FPCO for assistance if needed

Describe renovation needed. Address special requirements such as plumbing, electrical, etc.

Space will be used for:  Instruction  Research/Lab  Office  Storage  Other \_\_\_\_\_

Will you need additional / new furnishings or equipment?  Yes  No

If yes, itemize the furniture that will be needed:

Please provide a schedule (start, duration, completion)?

**Complete Sections F (funding) and G (authorizations).**  
**Complete Section C if changing reported space coding in room inventory.**

**E. REQUEST FOR NEW SPACE:**

Why is new/space needed and implementation if allocation is not granted?

Space will be used for:  Instruction  Research/Lab  Office  Storage  Other \_\_\_\_\_

Have you identified a suitable location for this new space that may be available?  Yes  No

Provide building name, room number(s). Attach drawings/floor plans. Contact FPCO for assistance if needed

If space is currently occupied by another department, have you contacted current holder of the space provided?  Yes  No

Does the other department support the concept?  Yes  No

When is space needed?

Will the current space be vacated?  Yes  No

If yes, explain the plans for the vacated space:

Will you need additional / new furnishings or equipment?  Yes  No

If yes, itemize the furniture that will be needed:

<b>Complete Sections F (funding) and G (authorizations)</b> <b>Complete Section C if changing reported space coding in room inventory.</b> <b>Complete Section D if renovation is also needed.</b>
<b>F. FUNDING INFORMATION:</b>
Select funding source: <input type="checkbox"/> Unit <input type="checkbox"/> College <input type="checkbox"/> Division VP <input type="checkbox"/> Grant <input type="checkbox"/> HEAF <input type="checkbox"/> Funds are needed
How much is available to commit to the project?

<b>G. REQUEST AUTHORIZATION SIGNATURES (Signatures indicate agreement that the space request should be investigated.)</b>	
Department Chair or Director:	Date:
Comments:	
Dean:	Date:
Comments:	
Vice President/Provost:	Date:
Comments:	
President:	Date:
Comments:	

Forward this completed form via e-mail or fax with the proper signatures and attachments to the Associate Vice President for Facilities Planning, Construction and Operations as follows:

E-mail: [jclouse@sulross.edu](mailto:jclouse@sulross.edu)  
 Fax: 837.8905