## UNIVERSITY of NORTHERN COLORADO

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## INSTRUCTIONAL SPACE REQUEST FORM

After initial approval by Unit Director and Dean, submit form to the Assistant Vice President for Facilities Management, to request allocations of new space. Form is not required for simple space reassignments within College / Unit space allocation. (Provide notification to Facilities Management for space reassignments.)

Submitted By:					Date:		_
Unit:					Phone:		
DESCRIPTION OF SPACE NEED							
Space will be used for:			esearch	□ Admin.	□ Storage	□ Support	_
Space to be used by:	□ Faculty	□ Staff	□ GA/TA	Students	Other		_

Describe how the space will be used as well as why the additional space is needed:

Have you identified a proposed location?	□ Yes	□ No					
If yes, please provide building / room # or attach diagram / floor plan:							
Date Needed:	Permanent		Temporary				
Funding source for modifications:							
Identify vacated space (if any):							
Discuss impact to existing occupants and other units:							

Will remodeling or improvements be required to accommodate the proposed use? If yes, describe physical requirements and special characteristics of requested space: (Planned use, # of occupants, assignable square footage, electrical, HVAC, security & telecommunications requirements, etc.)

Describe any special requirements for the space including the need for proximity to other facilities:

INITIAL APPROVAL:		
Unit Director:		Date:
Dean		Date:
Planning & Construction Review / Eval Comments:	luation of Alternatives:	
Estimate: <u>\$</u> By:		Date:
Committee on Space Utilization Recom Recommend Do N Comments:	nmendation:	Date:
FINAL APPROVALS		
Sr. Vice President / CFO:		Date:

Sr. Vice President / Provost:\_\_\_\_\_ Date:\_\_\_\_\_