

Space Request Form
(Reference UNT Policy 10.16)

CONTACT INFORMATION:

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| Requesting Department: | | Date: |
| Name | Phone: | Email: |

I. REQUEST TO REASSIGN SPACE WITHIN A COLLEGE, ACADEMIC OR ADMINISTRATIVE UNIT: No committee action is necessary. For information only.

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|---------------------------|---------------|------------------------|----------------|--------------|---------------|------------------------|----------------|
| <u>FROM:</u> | | | | <u>TO:</u> | | | |
| <u>Bldg.</u> | <u>Room #</u> | <u>Department Name</u> | <u>Dept ID</u> | <u>Bldg.</u> | <u>Room #</u> | <u>Department Name</u> | <u>Dept ID</u> |
| Justification for change: | | | | | | | |

II. REQUEST FOR CHANGE IN FUNCTION OF SPACE: No committee action is necessary. For information only.

Current Room # _____
 Current Room Type _____ (for help with room type codes, contact Facilities Management and Construction at 369-7383)
 Requested Room Type Change to: _____
 Justification for change:

III. REQUEST TO REASSIGN SPACE ACROSS COLLEGES, ACADEMIC OR ADMINISTRATIVE UNITS: Must have committee and Provost approval.

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|---------------------------|---------------|------------------------|----------------|--------------|---------------|------------------------|----------------|
| <u>FROM:</u> | | | | <u>TO:</u> | | | |
| <u>Bldg.</u> | <u>Room #</u> | <u>Department Name</u> | <u>Dept ID</u> | <u>Bldg.</u> | <u>Room #</u> | <u>Department Name</u> | <u>Dept ID</u> |
| Justification for change: | | | | | | | |

IV. REQUEST FOR NEW AND/OR ADDITIONAL SPACE: Must have committee and Provost approval.

- Briefly describe what type of new or additional space is requested (number of rooms, type of rooms, square footage needed, etc.).
- Briefly describe why new or additional space is needed.
- Explain how the space will be used to support the Strategic Plan and its conformity to the Campus Master Plan.
- Address the implications to your program/service if new or additional space is not approved (you may attach drawings/floor diagrams):

A. Space will be used for: Instruction Research/Grant Administration Storage Support
 Other (please specify):

B. Education and General (E&G) Eligible Activity: Yes No

C. Research Eligible Activity: Yes No

D. Space will be used by: Faculty Staff RAs/TAs/TFs Students
 Other (please specify):

E. What attempts have been made to locate space within your current space allocation? (e.g., Has underutilized space been assessed to solve this need or have shared space possibilities been explored?)

F. Have you identified possible space options that may be available? Yes No
 If yes, please describe and identify building/room #s and/or attach drawing/floor plans/diagrams:

If you need assistance completing this form, space information or floor plans call Facilities Management and Construction at 369-7383 or 369-8049.

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|---|---|-----------------------------------|--------------------------------------|-------|
| G. Have you contacted the current holder of the space regarding this location? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who is the current holder of the space? Do they support the concept? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| J. <u>MOVE FROM:</u> <u>Bldg.</u> <u>Room #</u> <u>Department Name</u> <u>Dept ID</u> | <u>MOVE TO:</u> <u>Bldg.</u> <u>Room #</u> <u>Department Name</u> <u>Dept ID</u> | | | |
| K. Date Needed | | | | |
| K. Provide information on any time constraints that may affect the timing of allocation of the space. | | | | |
| Briefly describe the function of your unit. | | | | |
| Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____ | | | | |
| Do you anticipate the number of people in your unit increasing within the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reasons for anticipated growth: | | | | |
| Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____ | | | | |
| How much space do you currently have? (total assignable square feet) | | | | |
| What type of space do you anticipate needing in the next two years (research, instructional, office, workspace, etc.)? | | | | |
| V. VACATED SPACE: Must have committee and Provost approval. | | | | |
| <input type="checkbox"/> Request to reserve vacated space Explain reason(s) why request to reserve vacated space is desired: <u>Bldg.</u> <u>Room #</u> <u>Department Name</u> <u>Dept ID</u> | | | | |
| <input type="checkbox"/> Request to surrender vacated space <u>Bldg.</u> <u>Room #</u> <u>Department Name</u> <u>Dept ID</u> | | | | |
| Please process as expeditiously as possible and notify requestor as action is taken and request is forwarded. | | | | |
| REQUEST AUTHORIZATION SIGNATURES (Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.) | | | | |
| Department Chair/Director: | | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date: |
| Comments: | | | | |
| Associate Dean/Associate or Assistant Vice President: | | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date: |
| Comments: | | | | |

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|-----------|
| Comments: |
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Forward by mail or fax this completed form with the proper signatures and the required plans to Darlene Callahan, Space Manager, Provost Office at FAX number: 565-4438

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| FACILITIES MANAGEMENT AND CONSTRUCTION ACTION |
| Date plans received: |
| Date FMC requests more information: |
| FMC options document: |
| Date FMC forwards completed form and options to the Provost Office: |

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| SPACE ASSESSMENT COMMITTEE (The signatures below indicate action and/or recommendations of the SAC. Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.) | |
| <input type="checkbox"/> Reviewed for Information Only <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval <input type="checkbox"/> Other | |
| Chairperson | Date: |
| Comments: | |

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| PROVOST | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other | |
| Provost | Date |
| Comments: | |

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| PRESIDENT (For those items not delegated to the Provost) | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other | |
| President | Date |
| Comments: | |

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