

Name:	College/Dept/Unit:
Campus: Mountain Campus Statewide Campus _____ <div style="text-align: center; font-size: small;">Campus Name</div>	

**THIS CHANGE REQUEST IS FOR:**

Request for additional space:  
 Change in use of existing space:

Building:	Room #:
Current Use:	Proposed Use:
Renovation?	Funding Available?

Existing space being vacated, or will be if this request is approved (identify building and room below)

Building:	Room #:
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Other:

Landscape	Art Display	Temp/Perm
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**TYPE AND QUANTITY OF SPACE NEEDED:**

Office

TYPE OF ROOM OCCUPANT	NUMBER OF ROOMS	NUMBER OF PEOPLE
Director/Administrator		
Faculty		
Staff		
Technical/Clerical		
Graduate Assistants		

Conference room  
 Classroom  
 Teaching lab  
 Research lab

Number of Seats:	Number of Sections:
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Other: \_\_\_\_\_

DATE REQUIRED \_\_\_\_\_

Temporary	From:	To:
Permanent	Starting:	

Attach a detailed narrative that follows the below format:

1. **Description:** Provide a succinct description of your space request. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.
2. **Proximity:** Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
3. **Location:** Indicate any location(s) you want considered in filling this space request.
4. **Options explored:** Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing underutilized space to solve this need? Has the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
5. **Timing:** Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.
6. **Parking/Transportation:** Describe any special parking and transportation access needs. It is assumed that standard University parking will be needed for faculty, staff and students.
7. **Funding:** Provide funding details for any request that requires the expenditure of funds. Rental space requests should include the lease duration, square footage, annual cost, and financial account information.
8. **Do you anticipate an increase in the number of occupants associated with this request? If so, please describe.**
9. **Do you anticipate using/ storing chemicals, biological or radioactive substances in the space you are requesting? If yes, please attach an inventory and anticipated quantities.**
10. **Do you anticipate using specialized equipment in the space? If yes, include inventory.**
11. **Other:** Any other information that will support or better defines this space request.

Contact Name:	Title:
Phone:	Email:

TITLE	PRINT NAME	SIGNATURE	DATE
Department/Unit Head			
College Dean			
Vice President/Provost			