

INSTITUTIONAL SPACE UTILIZATION COMMITTEE



REQUEST FOR SPACE

Requesting Department: _____

Date: _____

Name: _____

Phone: _____

Email: _____

1. DESCRIPTION OF SPACE NEEDED:

A. Space will be used for (check all that apply):

Classroom

Laboratory

Research

Support

Other (describe) _____

B. Space will be used by:

C. Has a suitable and available* location for this new space been identified? Yes No
(If Yes, please describe, using building/room #s or attach drawing/floor plans/diagrams):

***Indicate if this request requires displacement of any existing users.**

D. Date Needed: _____

E. Describe or attach any special requirements for this space including the need for proximity to other facilities:

F. Gross Square Footage requested: _____

2. REQUEST APPROVAL SIGNATURE:

Dean or Chairperson: _____

Date: _____

Provost: _____

Date: _____

Note: All requests for new space, or for reassigned space, must be forwarded to the ISMC for consideration and recommendation.