SH FACILITIES SPACE CHANGE FORM

This form is for the notification to Space Management of CHANGES in facilities space or the REQUEST for new space.

Request Date:

Departme	ent & Contact Info	rmation		
Requesting Dept:		Contact Name:	Phon	e: User Name:
Location	of Change			
Building:		Room(s):		
For	for a long series of rooms or for a whole building, please attach a room number listing with noted changes. Put "attachment" in the room field.			
Please De	scribe the Change	s in Your Space or th	ne Request for Ad	ditional Space:
Upo	date to current space:	Request for n	ew space:	Department Move:
- 1				
ADDITIONAL SPA	E A CURRENT DRAWING OR FLOG ACE IN YOUR PROGRAM AND TH er Emergency Floor Plans.)	OR PLAN WITH CHANGES SKETCHEI IS WILL THEN BE SENT TO THE SPAC	DIN. FOR NEW SPACE, ATTACH CE MANAGEMENT & UTILIZATIO	A DOCUMENT DESCRIBING THE NEED FOR DN COMMITTEE. (PDF floor plans are on the T
Space will be u	used for:			
' Instructi		Office Meeting S	otorage Other	
		ıfi	nstruction, what will the st	udent capacity be?
	If space is currently occu	ccupied by another department, have you contacted current user of the space? Yes No		
	If yes, when will the space be vacated?			
			n yes, when which	e space de vacaleu:
When will the	space change be effective?			
Urgent ((explain):			
Final measureme	nts for changes will be taken by	Space Management.		
Approval				
APPROVAL PROCI Director's signatu	ESSING INSTRUCTIONS: Please pro re. Major changes within the dep	÷	gnature. Changes for instruction	anges within the department need only the Chair/ al spaces need to be approved by the Provost/VP.
CURRENT SPA				
Chair/Director:		Dean/AVP:	Pro	vost/VP:
NEW SPACE H Chair/Director:	ULUEK	Dean/AVP:	Pro	vost/VP:
	ICON		MENT.	
BUILDING LIAISON: (Required for ALL changes)		IT PROJECT MANAGE (<i>Required for</i> ALL cha IT Project Manager - itpmo@	nges) (Re	ACE MANAGEMENT ACKNOWLEDGMEN quired for ALL changes)