

Space Requests

Please do not submit this form without all fields in this section populated

Date of Request:

DEPARTMENT INFORMATION	
Department:	Requestor:
Division:	Requestor's Email:

TYPE OF REQUEST	
<p>Relocate existing lab space or relocate existing lab equipment</p> <p>Renovate existing lab space</p> <p>Renovate existing departmental space (non-lab)</p> <p>New Laboratory Equipment</p> <p>Change Use/Function of Room</p>	
<p>For the above type of request, please select the following:</p> <p>Building: _____ Floor: _____</p> <p>Room(s): _____ Type of Room: _____</p> <p>Request for additional departmental space</p> <p>Lab/Lab Support</p> <p>Faculty Office</p> <p>Staff Office</p> <p>Other: _____</p>	
REQUEST DETAILS	
<p>Describe the Need/Rationale</p> <p>Describe the benefit to the department/program:</p> <p>Describe alternative measures taken to date to address the need:</p> <p>Describe any timeline requirements:</p> 	

Department Administrator Name:
Department Administrator Signature:

Date: