

**SPACE ALLOCATION/CHANGE
REQUEST FORM**

INSTRUCTIONS:

Use this form to request department or program space assignments, alterations, or changes for review, recommendation and approval. *Completed forms, along with attached justification, must be approved by your Vice President prior to submission to Facilities Planning.*

Date: _____

Requesting Unit/Department: _____

Requestor's Name: _____

Campus Phone: _____ **Campus E-Mail:** _____

- Request for New Space
- Request for Change in Space Type Request for
- Alteration of Current Space Notification of
- Reassignment of Current Space

In your justification for the request for space, please address the following:

PROGRAM INFORMATION

- a. Describe the program that will use the space and why the space is needed.
- b. Is this a new or existing program?
- c. Has the new program or expansion been approved?
- d. How does the program relate to the University's strategic, academic and/or master plans?

SPACE REQUIREMENTS

- a. What type of space are you requesting?
- b. If requesting instructional space, what size do you have the greatest need for?
- c. When do you need the space?
- d. How many faculty/staff/students will be assigned? Full-time, part-time, students, etc.
- e. Are there special requirements of the new space? (e.g., location, adjacencies, etc.)
- f. Describe briefly why your existing space is inadequate
- g. What other programs might be affected by this space change?

FUNDING SOURCE

- University Funded: _____
- Non-State: _____
- Capital Outlay: _____
- Other Funding: _____
- Cost Recovery Chartstring: _____

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AUTHORIZATIONS

Requesting Department Head

Name: _____

Title: _____

(Signature)

(Date)

Vice President

Name: _____

Title: _____

(Signature)

(Date)

Upon completion, please forward the approved form with attached justification to Space and Facilities Planning:

Space and Facilities Planning
Plant Operations Building
2351 E. Barstow Av., M/S PO112
Fresno, CA 93740

(559) 278-2424

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Facilities Planning Use Only



Date of Review: _____

Recommendations Made:

Action Taken:

Approved by Facilities Planning

Name: _____

Title: _____

(Signature)

(Date)