***REQUEST FOR RESEARCH SPACE***

OCMP | CP TRACKING #

***CONTACT INFORMATION:***

***Requesting Division, College and/or Department:******Date:***

***Name:******Phone:*** ***Email:***

***DESCRIPTION OF SPACE NEED:*** If you need assistance completing this form or floor plans please call OCMP | CP at x6424

A. Space will be used for: Instruction  Research  Admin  Storage  Support  Other

B. Space will be used by: Faculty  Prof. Staff  Class. Staff  RA/TA  Students  Other

C. Have you identified a suitable location for this new space that may be available? Yes  No

D. If Yes, please describe: (You may attach drawings/ floor plans / diagrams) (if no, please proceed to line “H”):

E. If so, does the current holder of the space provided support the concept? Yes  No

F. Will there need to be remodeling or enhancements to accommodate your proposed use? Yes  No

G. If yes, please briefly describe these changes (if more space is needed you may attach additional pages):

H. Please briefly describe how the space will be used as well as why new/additional space is needed (You may attach drawings/

floor plans / diagrams):

I. Please briefly describe any special requirements for this space including the need for proximity to other facilities (If more

space is needed you may attach additional pages):

J. Date needed:       Length of time needed:

K. Do you have funding available to commit to relocation? Yes  No  Amount: $

L. Please provide the Net Assignable Square Feet you are requesting in each category below:

Requested SF:       Office/Work Room SF:       Research Lab SF:       Teaching Lab SF:

Storage SF:       Other SF:

Please Describe Other:

***SPACE ALLOCATION AND DURATION (subject to annual review):***

***The following space has been allocated: Duration:***

***REQUEST AUTHORIZATION SIGNATURES:***

***Division / College / Department Head: Date:***

***Office of Campus Master Planning / Capital Projects: Date:***

***FINAL APPROVAL by VCRED/Provost: Date:***