***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:***