

Request for Space

Policy: All requests for new space or a change in how space is used by colleges and/or other administrative units **must be** first presented to the President's Cabinet by an area's Provost/Vice President. The cabinet will determine whether to submit the request to the University Space Committee (USC) for review and vetting. The USC will then make recommendations back to the President's Cabinet for their consideration.

Save the form to your computer, fill it out and obtain the required authorization signatures. Please attach a narrative and any additional documents (drawings/floor plans, etc.) needed to adequately describe the request.

CONTACT INFORMATION:						
Requesting College/Department:				Date:		
Requestor Name:		Phone:		Email:		
DESCRIPTION OF SPACE NEED:		Please contact Jen Flachs if you need floor plans at flach1ja@cmich.edu . For assistance completing this form contact Bridget Ervin at: ervin1b@cmich.edu				
A. 1. Space is currently used for:	<input type="checkbox"/> Instruction	<input type="checkbox"/> Research	<input type="checkbox"/> Admin.	<input type="checkbox"/> Storage	<input type="checkbox"/> Support	<input type="checkbox"/> Other
2. Space will be used in the future for:	<input type="checkbox"/> Instruction	<input type="checkbox"/> Research	<input type="checkbox"/> Admin.	<input type="checkbox"/> Storage	<input type="checkbox"/> Support	<input type="checkbox"/> Other
B. Space will be used by:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Prof. Staff	<input type="checkbox"/> Class.Staff	<input type="checkbox"/> RA/TA	<input type="checkbox"/> Students	<input type="checkbox"/> Other
C. 1. Have you identified a suitable location for this space that may be available? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please proceed to line "F".)						
2. If Yes, please describe, using building/ room #'s or attach drawing/floor plans/ diagrams/address:						
3. Please provide the Net Assignable Square Feet (NASF) - that is, the sum of all areas on all floors of a building assigned to, or available for assignment to, an occupant or specific use that you are requesting in each category below:						
TOTAL Requested NASF:		Office/Work Room:		Research Lab:		
Teaching Lab:		Storage:		Other: 		
D. Will there need to be any remodeling or enhancements to accommodate your proposed use? <input type="checkbox"/> Yes <input type="checkbox"/> No						
E. If yes, please briefly describe these changes.						
F. Will you be vacating your current space? <input type="checkbox"/> Yes <input type="checkbox"/> No						
G. Will you be vacating your current space? <input type="checkbox"/> Yes <input type="checkbox"/> No						
J. Will you be vacating your current space? <input type="checkbox"/> Yes <input type="checkbox"/> No						
K. Please describe any special requirements for this space, including the need for proximity to other facilities.						
J. Date Needed:		Permanent or Temporary:			If Temporary, length of time:	
K. Do you have funding available to commit to relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount: \$		
Grant Fund Number (If applicable):						
Additional Notes: 						
AUTHORIZATION SIGNATURES:						
Department Head/Chair: 				Date: 		
Dean/Director: 				Date: 		
VP/Provost: 				Date: 		