**SPACE REQUEST FORM**

**Space Allocation or Change in Primary Function**

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| **I CONTACT INFORMATION** | | | |
| **Requesting Department:**  Click here to enter text | | | **Date:**  Click to enter a date |
| **Name:**  Click here to enter text | | **Phone:**  Click here to enter text | **Email:**  Click here to enter text |
| **II REQUEST FOR SPACE** | **If you require copies of floor plans or assistance completing this form, contact.**  **Laurie Eveleigh Phone: (902) 566-0390 or Email: fmplanning@upei.ca** | | |
| 1. **Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved. (You may attach drawings/floor programs/diagrams)**   Click here to enter text | | | |
| 1. **New space will be used for:**   Click here to enter text | | | |
| 1. **CFI (Research) Eligible Activity  No YES**   **If yes, please provide details:** Click here to enter text | | | |
| 1. **Space will be used by (list individual names and/or position titles)**   Click here to enter text | | | |
| 1. **What attempts have been made to located space within your current space allocation? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored?**   Click here to enter text | | | |
| 1. **Have you identified a suitable location for this new space that may be available?**   **No  Yes**  **If yes, describe, identify building/room #’s.**  **BUILDING:** Click Here to enter text **Room Number(s)** Click here to enter text  **Will drawings/floor plans/diagrams be submitted?  NO  YES** | | | |
| 1. **Date space is required** Click here to enter text | | | |
| **III REQUEST TO CHANGE FUNCTION OF SPACE:**  **(if more than one room is involved, attached additional page)** | | | |
| **Building:** Click here to enter text  **Current Room Type :** Click here to enter text  **Requested Room Type Change** Click here to enter text  **Justification for Change:**  Click here to enter text | | | |
| **IV REQUEST AUTHORICATION SIGNATURES**  *Approval to proceed does not indicate a guarantee of space for the purpose outlined in the request* | | | |
| **Signature Department Chair or Director:** | | | |
| **Signature Dean or Equivalent:** | | | |
| **SPACE COORDINATOR USE ONLY** | | | |
| **Comments:** | | | |
| **Approved:** | | | |
| **Room #(s) and Building of any assigned space:** | | | |