**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:** |