MEMORANDUM

To: Office of Space Planning and Utilization

From: ________________________________  phone number _______________

Subject: Request for Space Change

Date: ____________________

1. Type of space change requested:
   _____New / Additional Space   _____Assignment   _____Room Use   _____Square Feet
   If physical alterations are requested, are funds available from your department to cover expenses?   ______Yes     ______No     ______Possibly (dependent on cost)

2. Describe and justify desired space change: (attached additional sheets if necessary; be as specific as is possible; providing adequate information will expedite the processing of the request)

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. If possible, provide the following information:
   Proposed building for space request: ____________________________________________
   Proposed room number(s) & present use: _________________________________________
   __________________________________________________________________________
   Program/Department currently using space: _________________________________

Submitted: ________________________________________________  ______________
   Department Head/Project Director  Date

Approved: ________________________________________________  ______________
   Dean/Director  Date

Approved: ________________________________________________  ______________
   Appropriate Vice President  Date