



Request for Additional Space

Contact Information

Requester: _____ Date: _____

Department: _____ Office/Phone #: _____

Space Needs

Current Department Location(s): _____

Proposed Funding Source: _____

Type of Space Needed: _____ Estimated Square Footage required: _____

Reason(s) for Additional Space Request:

Space Modification (if needed)

Departments that request additional space are responsible for any needed modifications and will be responsible for the cost to alter the space. To initiate room modifications, please submit a Minor Project Request form prior to any work being done (Minor Project Request Preliminary Review Form).

Room Modification Description:

Department Authorization

Chair or Unit Head:	_____	_____	_____
	Print Name	Signature	Date
Dean or VP (required):	_____	_____	_____
	Print Name	Signature	Date