

School/College	Department	Today's Date
Contact Person	Title	Phone Number
Campus Address		
Person Responsible for Space		
Non-OSU Entity	Organization:	

Please describe the space needs for the program. (Be as specific as possible. Attach additional information if needed.)

Number of square feet:		Duration of Need:
Number of proposed occupants/funded FTE:	Current location of proposed occupants:	

Describe the relationship of the space request to the current program needs:

Describe implications to your program if the space request is not approved:

What types of activities will take place in the space? Do these activities assist other departments? If so, please write the name and telephone number of the person you are working with.

Does the space need to be remodeled to meet the needs of your program? If so, please briefly describe the remodel needs and answer A – D (on page 2).

DETAILS OF REMODEL

A. Do you have cost estimates for remodeling space? (If yes, please attach supporting documents of copies showing estimated costs for this project.)

B. Are funds currently available to your unit to cover costs of remodeling the space requested?

	If "Yes", identify source of funds:
	If "No", are you requesting minor repair funds?

C. Briefly describe potential construction required:

D. State designed start date for construction:

When would you need to occupy this space?

DEPARTMENTAL APPROVAL

Signature of Requestor: _____ Title: _____ Date: _____

Name of Dean or Executive Officer: *(Please print)* _____ Title: _____

Signature of Dean or Executive Officer: _____ Date: _____

SPACE RECOMMENDATION

Request for Space is: Approved
 NOT Approved (letter attached)
 Conditional Approval (conditions attached)

Signature: _____ Date of Approval: _____

Printed name: _____

INSTRUCTIONS FOR REQUESTING SPACE