



Space Request and Assessment Form

Requesting Department	Requestor	Contact	Date
Approver	Title (Dean/Director/VP)	Signature	Date
Campus		Date Space is Required by	

Purpose and Justification of Need <i>(attach separate sheet if space is not sufficient):</i>	<u>Type of Usage</u> <input type="checkbox"/> Computer Lab <input type="checkbox"/> Faculty Support <input type="checkbox"/> Office <input type="checkbox"/> Other Lab <input type="checkbox"/> Other <hr style="width: 50%; margin-left: auto; margin-right: 0;"/>
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Space Requirements

Location	Number of Stations	Data Network Connections	Telephone Outlets	Other Needs

Instructional space Semester: _____ Semester Dates: _____ Hours Required per day: _____
Requested equipment and/or fixtures needed: <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Space Committee Recommendations

Signature of Chair, Space Committee	Date