

BUILDINGS OFFICE

SPACE REQUEST FORM

CONTACT INFORMATION:									
Rec	questing School / Unit:	Date:							
Name:		Tel:	Email:						
DE	SCRIPTION OF SPACE REQ	UIREMENT:							
Α.	Space will be used for: Teaching	Administration	Research	Storage□	Support□	Other			
В.	Space will be used by: Faculty☐	School□	Research Unit	t □ Adm	nin Unit□	Other□			
C.	Have you identified a suitable location	n for this new space	that may be av	ailable?	Yes \square	No□			
	If no, please outline how much space area calculations. Only rough estimat				gs Office will a	assist in the final			
D.	D. Please describe the proposed new use for room/s or attach sketch, floor plan, diagram etc.								
E.	Who is the current user of the space	?							
F.	Will there be refurbishment, remodell	ing required to acco	mmodate your p	oroposal?	Yes 🗖	No□			
G.	If Yes, briefly describe these change	S.							
Н.	H. Describe briefly how this space will be used and why new and/or additional space is being sought. Include names of proposed staff/students or job titles and expected start dates for new staff.								
I. Special requirements needed e.g. piped gases, mechanical ventilation, extra data points, containment									
J. [Date that Space is Required for:								
K. [K. Duration that Space is required for:								