**SPACE USE REQUEST**

**PURPOSE:**

The purpose of this form is to provide information necessary for evaluation of space requests and identification of options.

**INFORMATION:**

Contact Name: Phone:

Division/ Department/Unit/Center:

Date Originated: Date space is needed:

Please identify the current occupied space, if applicable:

**SPACE TYPE:** This project directly affects**:**

\_\_\_ Classroom Instruction \_\_\_ Student Advising / Recruitment / Retention \_\_\_ Faculty Research \_\_\_Administrative Space

\_\_\_Health/Safety other:

**JUSTIFICATION:**

Please describe in detail why the space is needed, if this request is based on the award of a research grant that has been funded, please provide the background information;

**SPACE PROGRAM** (What do you need?)

**STAFF:**

**SCHEDULE:**

Please develop a schedule on when space needs to be functional by and the impact of not meeting this timeframe. If options exist outside of this request please identify them.

**TECHNOLOGY:**

Computers, software, phones, printers, faxes, projectors, podium, video conferencing, smart technology:

**UTILITIES:**

Types of utilities needed to support equipment; electrical, plumbing, HVAC:

**FURNITURE:**

**FUNDING:**

Please identify all approved funding sources and amount:

**REVIEW:**

The signatures below indicate that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space.

Chair / Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Dean / AVP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Provost/VP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMITTAL:**

Please complete the form, print it, obtain all signatures, scan the final draft and submit it electronically to: CFS.SpaceCommittee@qc.cuny.edu