

Request for Allocation of Academic Space/ Change of Space Use

Please Submit this Form for One of the Following Reasons:

- Academic Space assigned under the RCM/ABB and long-term reassignments.
- Reclassification of use (e.g., classroom to conference room or general classroom to department controlled classroom)
- Reassignment within internal administration (e.g., CEPS to COTS or ETSC to FCS)
- Reassignment between external administration (e.g., ASL to BFA)

Part 1: Requestor/Unit Contact Information *(Person serving as primary contact)*

Name: Paul Ballard

Title: Dean, CEPS

Phone: Ext. 1411

Department/Unit; Health Scien

College/Division: CEPS

Email: paul.ballard@cwu.edu

Part 2: Purpose of Request

Need a dedicated classroom and associated storage space to support athletic training/rehabilitation/therapy courses within the athletic training minor.

Part 3: Space Request Information

- A. Describe the type(s) of room requested and the intended use of each space. Attach a narrative, spreadsheet or other supporting materials as needed.

We are requesting the use of space in Black Hall (Classroom 122 and associate storage space 114-2)

- i. Room Use Description (e.g. reception, faculty or staff office, workroom, conference room, storage, teaching lab, research lab, research or teaching support space, departmental classroom, etc.).

Classroom would be used to teach lecture/laboratory courses. Storage room would be used to securely store all instructional equipment to needed to support the courses.

- ii. Number of Occupants.

20-25 students, 1 instructor

- iii. Type of Occupants (e.g. faculty by rank, staff, T/A, R/A, or other non-CWU constituents, etc.; include occupant titles and whether new hire(s) or existing employee(s), etc.).

20-25 students, 1 instructor

- B. If specific rooms are requested: 1) Provide the facility name and room number for each room, 2) If occupied, identify current occupant and proposed mitigation for the requested change, and 3) Identify whether the requested area will require modification, renovation or if any new infrastructure is required to support the proposed change in assignment or use.

Black Hall 122, 114-2 Space requested is currently occupied by the Excel High School. They will be vacating this space after the current academic year.

C. List any special requirements of the space requested (e.g., location, access, equipment, adjacencies, etc.).

Will need to remove some of the current tables and chairs and bring others in.

D. What, if any, space will be vacated by your department/unit if a new allocation is made?

These courses are currently being offered in an over-crowded Purser Hall. No space will be vacated by this move, it will just allow us to alleviate some overcrowding in Pursuer Hall and reduce the set-up time for these courses.

Part 4: Space Needs Assessment

A. In what way is your current allocated space inadequate for the identified need?

These courses are currently being offered in a regular classroom in Purser Hall. These are lecture/lab courses that at times require extensive set-up and has become problematic with the overcrowding in Purser Hall.

B. Identify the effective date of the need. If the requested space is needed on a temporary basis, identify when the space will be vacated. Identify any other timing needs (e.g., need to move during a term break, in coordination with another activity, etc.). Assuming the space request is approved, provide a rough schedule of activities and timeline until space is fully occupied and functional.

Will need the space to begin offering courses in Fall 2018. Will need the space until the new Health Sciences building is completed.

C. Describe how this request with the strategic plan, role and mission of the unit, college/division, and University.


This will help us to improve our teaching and learning by creating a better learning environment that will be more conducive to meeting the learning objectives in a lecture/laboratory course.

D. How will you pay for furnishing, equipment, moving and/or renovation costs of the requested space? (Note: If using grant/award money, please confirm that this is an approved use of the funds and the maximum amount available. Please also note if space is a required match if this is a grant funded operation)

Dean's office will be funding this project.

Part 5: Approval to Submit Request

By signing, the dean/vice president/assoc. provost/Provost asserts that the requested need cannot be met within existing space currently allocated to the College/Division. Further, the signer acknowledges the applicability of budget model requirements concerning the distribution of operations and maintenance expenses for space based on unit space allocations.

Signature of Dean/Vice President/Assoc. Provost/ Provost: 

Printed Name: Paul Ballone Date of Approval: 1/26/18

Part 6: Provost Council Recommendation:

Received by Committee; Date: ___/___/___ Disposition: [Date: ___/___/___]

Notes:

Part 7: Space and Equipment Committee Recommendation:

Received by Committee; Date: ___/___/___ Disposition: [Date: ___/___/___]

Notes:

Part 8: BEC Recommendation:

Received by Budget Executive Committee; Date: ___/___/___ Disposition:

[Date: ___/___/___]

Notes:

Part 9: Cabinet Approval:

Received by Cabinet; Date: ___/___/___ Disposition:

[Date: ___/___/___]

Notes: