Request for Release of Academic Space

Please Submit this Form for One of the Following Reasons:

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

Part 1: Requestor/Unit Contact Information (Person serving as primary contact)
Name: __________________________ Title: __________________________ Phone: __________________________
Department/Unit: __________________________ College/Division: __________________________ Email: __________________________

Part 2: Description of Space to be Released:
Building Name___________ Room #_______ Current Use________________________ Square Footage_________

Part 3: Reason for Release:

Part 4: Timing and Condition of Space to be Released:

A. Proposed date for release of space. Assuming the space release request is approved, provide a rough schedule of activities and timeline until space is fully vacated and ready to move-in by another stakeholder, if any.

B. List any fixed or specialized equipment in the space that will need to be removed. Who will provide funding to vacate the space?

Part 5: Approval to Submit Request to Release Space:
By signing, the dean/vice president/assoc. provost/provost agrees to release this space for redistribution.

Signature of Dean/Vice President/Assoc. Provost/ Provost: __________________________
Printed Name: __________________________ Date of Approval: _____/_____/_____

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 7: BEC Recommendation:
Received by Budget Executive Committee; Date: _____ / _____ / ____ Disposition: __________________________ [Date: _____ / _____ / ____]
Notes:

**Part 9: Cabinet Approval:**
Received by Cabinet; Date: _____/_____/____ Disposition: [Date: _____/_____/____]  

Notes: