



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., general classroom to department controlled classroom)
- Reassignment within internal administration (e.g., CEPS to COTS)
- 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: Purpose of Request

Briefly describe the need for space and the reason your unit is requesting space.

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.
- 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.).
 - ii. Number of Occupants.
 - 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.).
- 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.
- C. List any special requirements of the space requested (e.g., location, access, equipment, adjacencies, etc.).
- D. What, if any, space will be vacated by your department/unit if a new allocation is made?

Part 4: Space Needs Assessment

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

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

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: _____ 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 8: BEC Recommendation:

Received by Budget Executive Committee; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes:

Part 9: Cabinet Approval:

Received by Cabinet; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes: