



SPACE REQUEST

FOR THE REQUEST OF NEW SPACE OR THE REQUEST FOR CHANGE IN USE OF EXISTING SPACE

CAMPUS PLANNING FACILITIES

4401 University Drive West Lethbridge, Alberta Canada T1K3M4

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Instructions:

1. Please complete and submit a separate form for each Space Request.
2. Applications from academic units must include the endorsed signature of the Department Chair and Dean; Administrative units must include the approving signature of the unit's Executive Director.
Note: Signatures of the approving authority indicate that the space request reflects department or unit priorities and that funding for any potential renovations associated with an approved change of use are available to commit to any alterations required.
3. Return this completed form to the office of Campus Planning electronically or via campus mail.
4. A decision will be rendered by the Vice President of Finance & Administration.

If the Space Request consists of Classroom space, this form will be forwarded to the Classroom Governance Committee (CGC) for review and recommendation and following the decision of the Vice President of Finance & Administration, the office of Campus Planning will communicate such to the CGC for information and action.

Requestor Information

Faculty/Administrative Unit: _____ Date: _____

Department: _____ Request Urgency: _____

Dept./Unit Contact: _____ Phone Ext.: _____ Email: _____

Space Information

Building: _____ Room(s): _____ Present Occupant of Space: _____

Intended Use of Space: Office Lab/Research Instructional Service Other: _____

Present Use of Space: _____ Date Space is Required: _____

Long-term or Temporary Use: _____ If Temporary, Date it will be Vacated: _____

PURPOSE OF APPLICATION

1. Please check all categories that prompt this request:

Safety/Health Security Improved Function New Staff/Needs New Course Other

Briefly explain the necessity of your request for new space (or request for a change of use to existing space):

2. Please explain how this proposal will advance or support the **Strategic Plan** of the University:

3. Please explain the consequences if the application is not approved:

SPACE REQUIREMENTS

1. Briefly explain ANY special requirements associated with this space (ie. space qualities, ceiling height, services such as voice/data, plumbing, electrical or ventilation, acoustics, etc.):

2. If renovations will likely be required, please describe the nature of this work:

*Note: If renovations are required, a project initiation process will follow any approval of space use. The first step in the process is the preparation of a **Project Statement** by a CP+A representative to assess preliminary scope requirements, project constraints, feasible schedule and probable costs of the project. All projects require confirmation and approval of sufficient funds to begin.*

APPROVALS

Department Chair: _____ Dean: _____

Date: _____ Date: _____

OR

Executive Director: _____

Date: _____

All proposed capital/infrastructure projects are to advance the University's Strategic and Academic Plans and adhere to the guiding planning principles and directives of the University Campus Master Plan.

Reviewed by:

Final Approval:

Campus Planning
Director

Nancy Walker
Vice-President (Finance & Administration)

FOR CLASSROOM SPACE USE ONLY

Classroom Governance Committee
Chair