

Request # _____

Date _____
(Office use only)

North Carolina State University Space Request Form

I. Requester:

Department _____ OUC _____ College/Division _____

II. This request reflects a need for:

- Change in the use of existing space
 Building: _____ Room No. _____
 Current Use: _____ Proposed Use: _____
- Allocation of additional space
 Location: _____ Proposed Use: _____
- Expenditure of funds? (Provide additional detail under V.8)
 Lease Cost / Upfit Cost: _____
- Existing Space will be vacated if this request is approved
 Building: _____ Room No. _____

III. Type/Quantity of Space Needed: Please provide information on the type(s) of space being requested and the number of people to be supported. The amount of space required to meet the request will be calculated based on the UNC system space standards.

- Classroom: How many student seats? _____
 Seating type? Fixed Moveable
 Seating layout? Auditorium Tables/chairs Tablet-arm chairs
- Teaching Lab: Complete Attachment A
- Research Lab: Complete Attachment A
- Office: Submit Organizational Chart (for office space requests)

<u>Type of Position</u>	<u>Number of rooms</u>	<u>Number of People</u>
Director/Administrator	_____	_____
Faculty	_____	_____
Technical/Clerical	_____	_____
Graduate Assistants	_____	_____
Student Workers	_____	_____
- Office Service (copier, files, mail boxes)
- Conference Room: seating capacity? _____
- Storage/Warehouse Conditioned Unconditioned _____ Sq. Ft.
- Other _____ _____ Sq. Ft.

North Carolina State University
Space Request Form – Attachment A

(Submit Attachment A only if requesting teaching or research lab space.)

Teaching Lab Number of student seats? _____ No. of computers? _____ Lab type? Wet Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fume Hoods: Number/Size _____

Waste (specify) Liquid Dry Biohazard Radioactive

Amount(s) (volume/week) _____

Are operations covered by an existing safety plan? Yes No Approval # _____

Research Lab Number of workstations? _____ Lab type? Wet Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fume Hoods: Number/Size _____

Waste (specify) Liquid Dry Biohazard Radioactive

Amount (volume/week) _____

Are operations covered by an existing safety plan? Yes No Approval # _____

Research Contract or Grant Number

Contract/Grant Effective Dates

Total \$ Amt. of Agreement