Request #	
Date	
(Office use only)	

North Carolina State University Space Request Form

Department	C	OUC	Colleg	e/Division	
This request reflects	a need for:				
☐ Change in the use	of existing space				
Building: _			Room No		
Current Use: _		·	Proposed Use:		
☐ Allocation of addit	ional space				
Location:		I	Proposed Use:	- <u></u>	_
☐ Expenditure of fun	ds? (Provide add	litional detail ı	ınder V.8)		
Lease Cost / U	pfit Cost:				
☐ Existing Space wil	l be vacated if th	is request is ap	proved		
Building:			Room No		
☐ Classroom: How	many student se	_	em space stan		
		ats?			
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Space Request Form Rev. 1/23/13

North Carolina State University Space Request Form

IV.	Time Frame: The requested space is needed:	
	☐ temporarily beginning	and ending
	□ permanently beginning	

- **V. Request Details:** Attach a detailed narrative that follows the format below:
 - 1. <u>Description</u>: Provide a succinct description of your space request. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.
 - 2. Strategic Plan: How does this request relate to your Strategic Plan?
 - 3. <u>Proximity</u>: Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
 - 4. <u>Location</u>: Indicate any location(s) you want considered in filling this space request.
 - 5. Options explored: Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under utilized space to solve this need? Have the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
 - 6. <u>Timing</u>: Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.
 - 7. <u>Parking/Transportation</u>: Describe any special parking and transportation access needs. It is assumed that standard university parking and transit service levels will be needed for faculty, staff and students.
 - 8. <u>Funding</u>: Provide funding details for any request that requires the expenditure of funds. Rental space requests must include: lease duration, square footage, annual cost, and financial account information.
 - 9. Other: Provide any other information or special requirements that will support or better define this space request.

Submitted/Endorsed by	:		Department Contact Person:
Dept/Unit Head (print name)	Signature	Date	Print Name
			Phone Campus Box
Dean or Vice Chancellor (print name)	Signature	Date	Email
Facility Coordinator (print name)	Signature	Date	Unsigned or incomplete requests will not be considered.

Submit to: University Space Committee, c/o Campus Box 7519, Raleigh, NC 27695. **Deadline:** First business day of each month for possible inclusion on monthly agenda.

Questions: Call 513-0270.

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
	<u>Hazards</u> : 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?
	<u>Hazards</u> : 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 Contr	ract or Grant Number Contract/Grant Effective Dates Total \$ Amt. of Agreement