

Baylor University

SPACE REQUEST FORM

I. CONTACT INFORMATION

Contact Person _____ Department _____

Phone: _____ Email: _____

PLEASE COMPLETE SECTION II, III, IV, OR V AS APPROPRIATE

II. REQUEST TO MOVE PERSONNEL

1. FROM: Building/Room _____ TO: Building/Room _____

2. Justification for change: _____

3. Date for requested move: _____

4. Will specific renovations be needed? Yes No

III. REQUEST TO CHANGE FUNCTION OF ROOM

1. Building/Room _____

2. Current Room Function Instruction Research Administration Student Services Auxiliary

Storage Grant (include the grant #) _____

Other, specify _____

3. Requested Room Function Change to: Instruction Research Administration Student Services

Auxiliary Storage Grant (include the grant #) _____

Other, specify _____

4. Justification for change: _____

5. Date for requested change of function: _____

6. Will specific renovations be needed? Yes No

IV. REQUEST FOR NEW AND/OR ADDITIONAL SPACE (All other changes)

1. If known, space requested: Building/Room _____ If unknown, preferred location: _____

2. Space will be used for: Instruction Research Administration Student Services Auxiliary

Storage Grant (include the grant #) _____

Other, specify _____

3. Space will be occupied by: Faculty Staff RAs/TAs/TFs Students Other _____

a. Names of faculty/staff/function that will occupy the requested space: _____

b. Identify the space where these faculty/staff/functions are currently located: _____

c. Will current space be vacated? Yes No

4. Do you anticipate the number of people in this unit increasing within the next two years? Yes No

a. If yes, indicate number of people and reasons for anticipated growth: _____

b. What type of space do you anticipate needing in the next two years (research, instructional, office, workspace, etc.)? _____

5. Date space will be needed: _____

6. Type of space needed: Permanent Temporary Duration: _____

7. Will specific renovations be needed? Yes No

8. Provide information on any time constraints or relevant needs that may affect the allocation of space.

9. Briefly describe the function of the unit requesting space. _____

V. EXISTING SPACE (Space unit/function currently occupies)

1. Location of the space currently occupied by the unit or function requesting new space/additional space/change of function of space/moving personnel? _____

Building/Rooms: _____

2. What is the assignable square footage of your current space? _____

3. Will all or part of this space be vacated? Yes No

If no, explain reason(s) why current space will not be vacated and do you plan to reserve this space?

4. If part of the space will be vacated, identify the location.

VI. REQUEST AUTHORIZATION SIGNATURES

1. Funding source for renovations: _____

2. Signature Authority for funding source: _____

Approval to proceed does not indicate a guarantee of space or financial support for the purpose outlined in this request.

Department Chair/Director: _____ Date: _____

Comments: _____

Dean/AVP : _____ Date: _____

Comments: _____

Vice President/Provost: _____ Date: _____

Comments: _____

Submit the completed form to the Office of Facilities Management for review by the Institutional Space Support Group (ISSG) and the Capital Asset Planning Committee (CAPG).