Baylor University

SPACE REQUEST FORM

I. CONTACT INFORMATION
Contact Person ___________________________ Department ___________________________
Phone: ___________________________ Email: ___________________________

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

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