



PHYSICAL FACILITIES

# SPACE REQUEST FORM

<b>A. REQUESTER INFORMATION:</b>	
Requesting College:	Date of Request:
Requesting Department:	
Contact Name:	Contact Phone:
Contact Title:	Contact Email:

<b>B. REQUEST FOR NEW SPACE: (Attach additional information as needed to describe the project)</b>	
Requested Duration: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> For How Long?	Date Space is Needed:
Space will be Used For: Instruction <input type="checkbox"/> Research <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> Please Explain:	
Space will be Used By: Faculty <input type="checkbox"/> Admin <input type="checkbox"/> Clerical <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other <input type="checkbox"/> Please Explain:	
Size of Space Requested (Square Feet, Number of Occupants, etc.):	
1. Why is new space needed?	
2. Describe efforts that have been made to locate or repurpose space <u>within</u> your current space allocation? (e.g., has underutilized space been assessed to solve this need or have shared space possibilities been explored?)	
3. What are the implications if new space is not allocated?	

4. Please describe any adjacency/proximity needs:

Have you identified a suitable location for this new space that may be available? Yes  No  If "Yes",

a. Please provide building name and room number(s).

b. If space is currently occupied by another department, have you contacted the current holder of the space? Yes  No   
Do they support the concept? Yes  No

Will existing space be vacated if this request is approved? Yes  No

a. If "Yes", please list what building(s) and room(s) will be vacated.

b. If "No", please state how your existing space will be utilized in the future.

**C. AUTHORIZATION SIGNATURES:** Signatures below indicate agreement that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space.

Requester:

Printed Name:

Date:

Department Head or Director:

Printed Name:

Date:

Dean or Vice President:

Printed Name:

Date:

**FOR PHYSICAL FACILITIES USE:**

Space Request ID:

Date Received:

Space Assessment? Yes  No

Approved  Not Approved  Other

Date:

Approved Term: Permanent  Temporary

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Notes:

**TO INITIATE THE PROCESS: Send the completed, signed form and any attachments to: Regina Wollin, Asset Management, Purdue Technology Center Aerospace (PTCA).**

**FOR QUESTIONS: Contact Regina Wollin at [rwollin@purdue.edu](mailto:rwollin@purdue.edu).**