

Space Management Office of Campus Planning Facilities Administration 703-993-2468, MS 1E4

Academic/Instructional Space Request Form

This form is to be used to request space for academic or instructional related use, including faculty offices, academic department administrative offices/support space, departmental instructional spaces and computing facilities, etc. This form must be submitted by the *department Chairperson/Director*, and must be submitted to the Unit Dean/Director for approval. Requests will be reviewed by the Office of Budget & Planning to assess budget implications of the space request. Additional review/approval from ITS is required for any request to create a room for computer servers. The University's Space Administration Committee will review the proposed assignment and provide final approval for all new space assignments.

Note: Existing space allocated to a department must be utilized as effectively as possible to support growth needs. Any additional space needs should first be addressed within the department's current space allocation, or within the unit's assigned space, before a request for new space is submitted.

Section I - Requestor Information (Department Chairperson/Director)

Name:
Dept/Unit:
Phone #:
Email:
Date:

Section II - Verification of Current Space / Justification for Additional Space

Step 1: Contact Joy Staulcup (jstaulcu@gmu.edu) to request a report of all space currently allocated to the department in the space management database. Verify that all information in the report is correct, or submit changes if necessary.

Step 2: Attach a separate page titled "Justification of Additional Space" to this request. The justification should include an explanation of why existing space is inadequate, and why additional space is needed. Indicate whether any current space will be relinquished if new space is allocated, and describe any negative impacts that may result if space is not assigned. Indicate whether space is being requested on campus, or off-campus.

Step 3: Forward completed form to Unit Dean/Director for approval signature, and return request to Joy Staulcup at MS 1E4, or via email (jstaulcu@gmu.edu). Request will be forwarded to the Provost for review and recommendation of space assignment before submission to Space Administration Committee.

Section III - Description of Space Requested

Instructions: Along with the "*Justification of Additional Space*," please attach a list of the *type and number of spaces being requested* (i.e. faculty offices, staff offices, staff cubicle work stations, student workstations, copy/storage/file room, conference room, GTA workstations, etc.). For faculty offices, identify whether office is for tenure/tenure track, term

faculty, or adjunct faculty. For staff offices, identify whether each space requested is for full-time or part-time staff. Include any other requirements for this space, including proximity to other facilities.

Section IV - Funding Sources

The unit/department is responsible for all costs associated with renovation, moving expenses, telephone/data installations, and furniture purchases for space that is allocated through this request process. The unit/department should determine whether sufficient budget funds are available to meet this requirement *prior* to submitting this request form. The Office of Budget & Planning will be notified of this financial commitment by the unit.

Budget Code for Renovation/Moving/Furniture Costs:

Section V - Approval Process				
Unit Dean/Director Approval:				
I have reviewed this request and verify that it cannot be accommodated within the department's existing	,			
space, or within other space allocated to the unit. I also verify that the department/unit has sufficient budget funds available to pay for all costs associated	Signature of Unit De	ean/Director	Date	
with allocation of new space as outlined in section IV.	Print Name:			
Comments:	l			
or via email (jstaulcu@gmu.edu). Form wil review/recommendation. Office of Space Management Use Only: I have reviewed this request and recommend it for verify that the approval of this request would advading, would advance the strategic goals of the Use	r submission to the Sp ance the Department (oace Administration Co	ommittee, and	
Signature, Provost (or Provost designee)		Date	- Date	
I have reviewed this request and recommend it for verify that unit has funds available to cover all co budget request has been approved to support this	osts associated with thi			
Name/Signature, Office of Budget & Planning		Date		
Name/Signature, Office of Budget & Planning		Date	2	
Space Request #: Date	Received:	Initials:		
Space Request #: Date ITS Review/Approval (for computer server room r	requests)	Initials:	e (Name/Date)	
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