



University of Connecticut

ARCHITECTURAL AND ENGINEERING SERVICES
PLANNING AND PROGRAM DEVELOPMENT

SPACE REQUEST FORM

OVERVIEW

This form initiates the process of requesting University space. The space inventory managed by Planning and Program Development is the official record of space assignments. Requests require review from the University's Space Committee and written approval prior to implementation. All Space Requests for departments in the Division of Student Affairs must include a Student Affairs Capital Assets Planning Committee approval designation before the request will be considered by the University's Space Committee. The review process will take a minimum of two months from date of receipt of this form.

COMPLLTE THE FOLLOWING

Administrative Unit: _____ Date: _____

Requester/Contact Name: _____ Phone: _____

Position: _____ E-Mail: _____

Space Requested: Brief Description of space required. (Include SQ. FT. if possible)

Is the Space Inventory up to date? Yes If not, please provide updated information

Current Building Location/and campus: _____ Preferred Building location: _____

Room number(s) of space vacated as part of this request: _____

Room number(s) of space requested (Include departmental impact that may result from this request and rationale for desired location):

NATURE OF THE REQUEST

Check one of the following:

Permanent Assignment _____ Temporary Assignment _____ Interim/Swing Space _____ Demolition _____

Date Required: _____ Until: _____

(Month) (Day) (Year) (Month) (Day) (Year)

If the request is for temporary or swing space please indicate the condition(s) by which space reverts back to the university space inventory for reassignment. _____

PROGRAM JUSTIFICATION

Provide justification for this space request and include the following: alignment with the University’s Academic Plan, Master Plan, Health and Safety issues and/or information that will support this request:

Detailed Space Summary: (Please provide if available. Submission of this information will assist in the evaluation of your space request.)

OTHER CONSIDERATIONS

Are there parking or transit issues that should be considered as part of the request? _____
If yes, please provide business related justification.

Please attach a copy of the Administrative heads most recent organizational chart.

SIGNATURES

Administrative Head: _____ Date: _____

**Submit to: Architectural and Engineering Services, Unit 3038
Planning and Program Development
Email: Alexandria.Roe@uconn.edu**

For Planning and Program Development Use ONLY

AES Log No. _____

Request reviewed by: _____ Transmittal to University Space Committee Date: _____

Recommendation/Conditions:

University Space Committee Chair

Will renovation be necessary to fulfill this space request? _____

Transmittal Date to Provost: _____

Date of Action by the Provost: _____

Action Taken: _____

Date of communication back to requester: _____