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.

COMPLETE 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: ___________________________
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:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Revised March 18, 2010
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:______________