

Request # _____

Date
(Office use only)

North Carolina A&T State University Space Request Form

I. Requester:

Department _____

College/Division _____

II. This request reflects a need for:

Change in the use of existing space

Building: _____

Room No. _____

Current Use: _____

Proposed Use: _____

Allocation of additional space

Existing Space will be vacated if this request is approved.

Building: _____

Room No. _____

III. Type/Quantity of Space Needed: Please provide information on the type(s) of space being requested and the number of people to be supported. The amount of space required to meet the request will be calculated based on the UNC system space standards.

Classroom: How many student seats? _____

Preferred seating type? Fixed Moveable

Preferred seating layout? Auditorium Tables/chairs

Tablet armchairs

Teaching Lab: Complete Attachment A

Research Lab: Complete Attachment A

Office:

Type of Position	Number of rooms	Number of People
Director/Administrator	_____	_____
Faculty	_____	_____
Technical/Clerical	_____	_____
Graduate Assistants	_____	_____
Student Workers	_____	_____

Office Service (copier, files, mail boxes)

Conference Room: seating capacity? _____

Storage/Warehouse Conditioned Unconditioned _____ Sq. Ft.

Other _____ Sq. Ft.

Submit request to the University Space Committee Representatives, c/o Facilities/Space Planner
Questions: call Sharika Cochran, Space Planner, sdcochran@ncat.edu, (336) 285-4504

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IV. Time Frame: The requested space is needed:

- Temporarily beginning _____ and ending _____.
- Permanently beginning _____.

V. Request Details: Attach a detailed narrative that follows the below format:

1. **Description:** Provide a succinct description of your space request. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.
2. **Compact Plan:** How does this request relate to your Compact Plan?
3. **Proximity:** Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
4. **Location:** Indicate any location(s) you want considered in filling this space request.
5. **Options explored:** Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under utilized space to solve this need? Has the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
6. **Timing:** Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.
7. **Parking/Transportation:** Describe any special parking and transportation access needs. It is assumed that standard University parking and transit service levels will be needed for faculty, staff and students.
8. **Funding:** Provide funding details for any request that requires the expenditure of funds. Rental space requests should include the lease duration, square footage, annual cost, and financial account information.
9. **Other:** Any other information that will support or better defines this space request.

Submitted/Endorsed by:	Name of Department/Unit Contact Person
Signature of Dept/Unit Head (date)	Campus address: _____ Phone: _____ Fax: _____ E-mail: _____ Unsigned request will not be considered.
Signature of College Dean or Vice Chancellor (date)	
Signature of College Facilities Coordinator (date)	

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**North Carolina A&T State University
Space Request Form – Attachment A**

Teaching Lab Number of student seats? _____ Number of computers? _____

Lab type? Wet Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fumes Hoods: Number/Size _____

Waste (specify) Liquid Dry Biohazard Radioactive

Amount (volume/week) _____

Are operations covered by an existing safety plan? Yes No Approval # _____

Research Lab Number of workstations? _____ Lab type? Wet Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fumes Hoods: Number/Size _____

Waste (specify) Liquid Dry Biohazard Radioactive

Amount (volume/week) _____

Are operations covered by an existing safety plan? Yes No Approval # _____

Research Contract or Grant Number

Contract/Grant Effective Dates

Total \$ Amt. of Agreement

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