

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

Questions: call Staci Manter, [samanter@ncat.edu](mailto:samanter@ncat.edu), (336) 285-4507

## North Carolina A&T State University Space Request Form

**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.

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

Submit request to the University Space Committee Representatives  
 Questions: call Staci Manter, samanter@ncat.edu, (336) 285-4507

**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

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

Space Request Form  
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