## Coppin State University Request for Space

Policy: All requests for new space or a change in space must be forwarded to the University's Space Advisory Committee for the review and approval process. Please complete the form and print or save as a pdf file. E-mail to:

CONTACT INFORMATION:			
Requesting Department:		Date:	
Name:	Phone:	Email:	
DESCRIPTION OF SPACE NEED:			
Space will be used for: OInstruction OResearch OAdministration OStorage     OComputer Lab OOther			
Space will be used by: OFaculty OAdministrator OStaff OStudents OOther  Number of occupants:			
3. Have you identified a preferred space? • OYes • ONo			
4. If Yes, which building & room no.:			
5. Will you be vacating your current space? • OYes • ONo			
6. Will there need to be any remodeling or enhancements? OYes ONo If Yes, will you require OInformation Technology Services OElectrical Services OConstruction OPainting OOther			
7. Please briefly describe how the space will b if required)			
8. How will the new space support the Univer-	sity's Goals and/or Department's Stra	tegic Plan:	
9. Will this be a temporary placement? OYes	ONo		
10. Do you have funding available to cover the	cost related to this request? OYes	ONo	
11. Date Needed:			
AUTHORIZATION SIGNATURES:			
Department Head:	OApproved ODis	sapproved Date:	
Dean/Director:	OApproved ODis	sapproved Date:	
Vice President:	OApproved ODis	sapproved Date:	

Planning, Construction, and Information Technology Review	w/Evaluation Comments:
Thanking, construction, and information recimelegy heric	n, Evaluation Comments.
Estimates \$: Date:	
Estimates 4.	<del></del>
Space Utilization Advisory Committee Recommendation:	Date:
ApproveDeny	
Comments:	
Final Approval	<b>.</b>
Provost:	Date: