

## **INSTRUCTIONS**

It is the responsibility of each administrator with delegated responsibility for space management to request changes in assignment, classification and function, to the Space Allocation Office.

The Space Allocation Office is available to provide an evaluation of space options and should be utilized for resolution of space requests. This form is intended to assist in meeting those responsibilities. Please complete the form and submit to the Space Management Office for review.

REQUESTOR INFORMATION		
Name:		
Department:		
Email:		
CURRENT USE		
Building: Current Use:	Room Numbers:	
PROPOSED USE		
Duration of Space Need:  ☐Temporary (less than 2 years)	Purpose: ☐ New Hire	Do you have a space in mind? Specific Building and Room
month(s)	☐ Instruction	Location:
☐ Permanent	☐ Research/Grant	
Date Needed By:	Other:	Spaces to be vacated:
TIMELINE		
Duration of Space Need:		
$\Box$ Temporary (less than 2 years)	□Permanent	
month(s)	Date Needed By:	
JUSTIFICATION OF NEED		

Please attach additional explanations on another sheet if needed.

1. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current programming, and/or other reasons.					
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2. Is there any cost associated with this change of use? If so, what is the maximum amount available?					
Cost estimates from	UW Operation RFE process attached: Yes No				
The Dean of Academic College or Department Head for all non-Academics, and Provost or Vice President signature is required prior to sending to Space Management.					
Upon completion of this form, all materials should be forwarded to the Space@uwyo.edu for review. A thorough analysis of the request and supplemental material will be reviewed with the requestor to discuss possible solutions. Final decisions will be made by the Space Allocation Committee.					
Submit complete an					
Submit complete an	nd signed space requests to Space@uwyo.edu				
Dean/Department Head					
Comments/	it nead				
Exceptions:					
·					
This request has	been reviewed and approved for submission by the Dean,	Department Head.			
Signature:					
Print Name:		Date:			
Provost or Vice President					
Comments/					
Exceptions:					
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This request has been reviewed and approved for submission by the Provost/Vice President.  This signature is not an approval, but an acknowledgement of the request.					
Signature:					
Jigilatai C.					
Print Name:		Date:			