

# UW Space Assignment and Management

## Change of Classroom Classification Form

**Introduction:** UW Regulation 2-181 defines space assignment and management at the University of Wyoming, and outlines how the process is to be carried out. Section two states that, “It is the responsibility of each administrator with delegated responsibility for space management to ensure that changes in assignment, classification and function, are reported to the FPO (Facilities Planning Office).” Section four states “It is the goal of the University to maintain and preserve its high quality instructional spaces. Requests to convert any instructional space to another use requires a space analysis performed by the FPO to determine if there is a better alternative to the conversion of a classroom to meet the needs of the unit making the request, and the approval of the Cabinet.” In addition, “The FPO is available to provide an evaluation of space options and should be utilized for resolution of space requests.” Additional references are made regarding participants and their role in the space allocation process; this form is intended to assist in meeting those responsibilities. Please complete the form and submit to the Facilities Planning Office.

### I. Requested By:

\_\_\_\_\_ Department

\_\_\_\_\_ College/Division

### II. Situation:

1. Change in the use of existing space
  - a. Building: \_\_\_\_\_ Room No. \_\_\_\_\_
  - b. Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_
2. Classroom: Number of student seats: \_\_\_\_\_
  - a. Seating type: Fixed\_\_\_\_, Moveable\_\_\_\_
  - b. Seating layout: Auditorium\_\_\_\_, Tables/chairs\_\_\_\_, Tablet armchairs\_\_\_\_
3. Teaching Lab: Complete Addendum A

### IV. Proposed Usage: Please explain the proposed usage of the room.

1. Office Information: Person(s) and Title \_\_\_\_\_
2. Office Service (copier, files, mail boxes): \_\_\_\_\_
3. Conference Room - seating capacity: \_\_\_\_\_
4. Research Laboratory: Complete Addendum A.
5. Storage/Warehouse: \_\_\_\_\_
6. Other \_\_\_\_\_ Sq. Ft.

### IV. Timeline: The time the Classroom change in function would occur.

1. Temporarily: Beginning \_\_\_\_\_ and ending \_\_\_\_\_.
2. Permanently: Beginning \_\_\_\_\_.

Note: *Please submit at least six months in advance of anticipated change.*

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**V. Reasons for Request:** Attach a detailed narrative that follows the below format:

1. **Description:** Please provide a succinct description of your change request, including 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. **Proximity:** Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
3. **Location:** Indicate the location of the classes to be displaced by change in classroom allocation.
4. **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/college re-evaluated the space assigned to lower priority initiatives? What possibilities for department shared classrooms have been explored?
5. **Timing:** Describe any programmatic issues affecting the timing of your change in classroom allocation. Please allow six months for processing your request.
6. **Parking/Transportation:** Describe any special parking and transportation access needs.
7. **Other:** Any other information that will support or better define this classroom change request.

**Submitted/Endorsed by:**

_____ Signature of Dept/Unit Head (date)	Name of Department/Unit Contact Person:  _____
_____ Signature of Dean/Director (date)	Building: _____
_____ Signature of Vice President (date)	Phone: _____
_____ Signature of College Facilities Coordinator (if applicable) (date)	Fax: _____
	e-mail: _____

Unsigned request will not be considered.

Please submit this request to the Department of Facilities Planning, Manager of Space Allocation, Merica Hall, Room 208. Questions: call 766-2648.

**Please note: After approval, it will be the responsibility of the requesting party to obtain cost estimates from Physical plant for conducting any work or moving expenses. It will be the responsibility of the requesting party to provide the funding for such expenses.**

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### Addendum 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\_\_\_\_

#### 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\_\_\_\_

\_\_\_\_\_  
Contract/Grant Effective Dates

\_\_\_\_\_  
Total \$ Amt. of Agreement

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### For Office Use Only:

Approval From:	
_____	
Academic Affairs	(date)
_____	
Central Scheduling	(date)
_____	
Classroom Technology Advisory Committee Representative	(date)
_____	
Space Allocation Committee Representative	(date)