

III. REQUEST FOR SPACE	
A.	Briefly describe why new/additional space is needed. How will this requested space positively impact the educational mission? Address the implications to your program/service if additional space is not approved. Please supply supporting documentation.
B.	New space will be used for: Instruction <input type="checkbox"/> Research/Grant <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> If other, please specify:

C. What attempts have been made to locate space within your current space allocation? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored?

D. Have you identified a suitable location for this new space that may be available? Yes ☐ No ☐

E. If yes, describe and identify the building/room numbers, or attach a drawing/floor plan/diagram:

F. Is the space requested currently occupied? Yes ☐ No ☐

G. If space will be vacated by approval of this request, please indicate if current space will be released:  
Yes ☐ No ☐

H. Will this space need to be renovated if the request is granted? Yes ☐ No ☐

I. If yes, are funds available for the renovation? Yes ☐ No ☐

J. Funding source for renovation (CFOP):

<b>IV. SPACE REQUIREMENTS</b> Please refer to the Space Criteria Form to complete space requirement needs.
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<b>V. REQUESTER AUTHORIZATION SIGNATURES</b> (the signatures below indicate agreement that the space request should be given consideration. Approval to submit request does not indicate a guarantee of space for the purpose outlined in this request.)
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Department Head/Chair/Director
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Date:
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Comments:
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Dean
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Date:
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Comments:
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Vice Chancellor/Provost
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Date:
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Comments:
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<b>VI. UIS SPACE ALLOCATION COMMITTEE ACTION</b>
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Date received by Committee:
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Date reviewed by Committee:
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Action recommended by Committee:
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Date requester notified:
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Assigned space:
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Comments:
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**Submission Deadline: The 25<sup>th</sup> of the month**

**Committee Review: Second Friday of the month or as posted**

## SPACE CRITERIA FORM

Space Name: \_\_\_\_\_

Typical Occupancy: \_\_\_\_\_

Primary Function/Use of the Space: \_\_\_\_\_

### Special Requirements

#### 1) Minimum square footage or space dimensions

- Ceiling height: \_\_\_\_\_
- Special dimensions to fix specific type of equipment or furniture: \_\_\_\_\_

#### 2) Special finish materials

- Floor: \_\_\_\_\_
- Walls: \_\_\_\_\_
- Reinforced wall construction to support any equipment or fixtures hanging on the wall (to include dry erase boards): \_\_\_\_\_
- Ceiling: \_\_\_\_\_
- Acoustics: \_\_\_\_\_
- Signage: \_\_\_\_\_
- Door size: \_\_\_\_\_

#### 3) Special heating/cooling and ventilation requirements

- Heating: \_\_\_\_\_
- Cooling: \_\_\_\_\_
- Ventilation: \_\_\_\_\_
- Humidity control: \_\_\_\_\_
- Plumbing (water, sewer, specialized drains, oil/water separator, eye/body wash, natural gas, compressed gas, or air, etc.): \_\_\_\_\_
- Specialized cooling for electronics/servers/computers: \_\_\_\_\_

#### 4) Specialized fire detection, suppression, or protection:

\_\_\_\_\_

#### 5) Electrical

- Special power requirements for equipment: \_\_\_\_\_
- Dedicated ground outlet required? \_\_\_\_\_
- Isolated ground outlet required? \_\_\_\_\_
- Uninterrupted Power Supply (UPS) required? \_\_\_\_\_
- Special lighting/controls: \_\_\_\_\_
- Is daylight required? \_\_\_\_\_

6) IT/Communications/Audio-Visual

- Local Area Network/Wireless Access Point: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Public address system: \_\_\_\_\_
- TV/monitor: \_\_\_\_\_
- CCTV: \_\_\_\_\_
- Projector & screen: \_\_\_\_\_
- Computers: \_\_\_\_\_
- Printer/Copy Machine: \_\_\_\_\_
- Other audio-visual requirements: \_\_\_\_\_

7) Security

- Key lock: \_\_\_\_\_
- Keypad (electric): \_\_\_\_\_
- Access control system: \_\_\_\_\_
- Intrusion detection system: \_\_\_\_\_
- Cameras: \_\_\_\_\_
- Other security requirements: \_\_\_\_\_

8) Applicable Safety or Occupational Health Regulations, Codes, etc.

\_\_\_\_\_

9) Furniture & Specialized Equipment

- Please list all specialized fixed and/or movable equipment along with furniture. If additional explanatory information is required (photos, web pages, etc.), please attach them.

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