

Space Allocation and Alteration Request Form

You must complete this form to request a change in physical space or a change in how space is allocated on the ASU campus. Send your completed form to the Director of Business Services (c/o Dept. of Special Events). For questions on terminology or the form in general, visit the [Facilities Inventory Web site](#) or call 325-486-6111. **The requestor must receive written approval from the Space Planning Coordinator prior to proceeding with any changes.**

CONTACT INFORMATION

Requesting Department: _____ Date: _____

Name: _____ Phone: _____

Email: _____

DESCRIPTION OF SPACE NEED

A. What best describes your space need? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Change of Space Function | <input type="checkbox"/> Department Level Change |
| <input type="checkbox"/> College Level Change | <input type="checkbox"/> Improvement of Space |
| <input type="checkbox"/> Request for Space in New Construction | <input type="checkbox"/> Request for Additional Space |
| <input type="checkbox"/> Discrepancies in Current Space Data | <input type="checkbox"/> Vacate/Departure of Space (Please provide building/room #'s) |

B. What will you use the space for (check all that apply)?

- | | | | | | |
|--------------------------------------|------------------------------------|---|--|--|--|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Research | <input type="checkbox"/> Administration | <input type="checkbox"/> Office Facilities | <input type="checkbox"/> Food Services | <input type="checkbox"/> Student Study |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Athletics | <input type="checkbox"/> Residential/living | <input type="checkbox"/> Other (Please explain: _____) | | |

C. Who will use the space (check all that apply)?

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff | <input type="checkbox"/> Resident Assistants | <input type="checkbox"/> Visitors of ASU |
| <input type="checkbox"/> Teaching Assistants | <input type="checkbox"/> Students | <input type="checkbox"/> Custodians | <input type="checkbox"/> Other (Please explain: _____) |

D. Have you identified a suitable location for this space allocation change or alteration?

- Yes No

E. If yes, please describe using building/room #s (If no, please proceed to line "I"):

F. Are your dean (or VP) and Department Space Representative aware of these changes?

- Yes No

G. Do they support the concept?

- Yes No

If yes, who? _____

H. Will there need to be remodeling or enhancements to accommodate your proposed use (improvement of space)?

- Yes (fill out questions 1-2 below) No (skip to line "I")
1. Have you filled out a Building Modification Form (from Facilities Planning and Construction)? Yes No
 2. Please briefly describe these changes (If more space is needed, you may attach additional pages):

I. Do you have funding available to commit to alterations/relocation? Yes No N/A

J. Please briefly describe how the space will be used as well as why new/additional space is needed:

K. Date Needed: _____

L. Length of time needed: _____

REQUEST AUTHORIZATION SIGNATURES (Project leader should have people sign in order of appearance)

Department Head: _____ Date: _____

Dean/Director/VP: _____ Date: _____

Director of Business Services: _____ Date: _____

Space Planning Coordinator: _____ Date: _____

SPACE PLANNING AND UTILIZATION ONLY:

Notes:

- Accepted Denied