

University Space Committee Request Form Winston-Salem State University

Directions: Persons who wish to request new space, reallocation of space, or change in use of space must submit this document to the University Space Committee (USC). Prior to completing this form, applicants must review the [University Space Committee Operating Guidelines](#) and the [Summary of the Space Request Process](#) documents. It is the applicant's responsibility to secure all appropriate signatures. Applicants must submit completed forms by the 1st day of each month. For assistance with completing this form, applicants may contact Facilities Planning and Engineering via phone at (336) 750-2882 or email at universityspacerequest@wssu.edu. **Applicants should submit completed forms to Facilities Design and Construction.**

SECTION I: REQUESTOR'S INFORMATION		
Requestor's Last Name:	Requestor's First Name:	MI
Requestor's Banner Identification Number:		
Requestor's Work Title:		
Department/Unit Name:		
College/School/Division Name:		
Campus Office Number and Location:		
Requestor's Email Address:		
Office Phone Number: ()		
SECTION II: REQUEST DETAILS		
Type of Request: <input type="checkbox"/> Request for New Space <input type="checkbox"/> Reallocation of Existing Space <input type="checkbox"/> Change in Use of Space	Length of Time for Request: <input type="checkbox"/> This request is for a permanent (re)location. <input type="checkbox"/> This request is for a temporary time period. • Length of time if temporary? _____ years	
Brief Description (In 200 words or less, provide a succinct description of this space request. Include number and type of spaces requested [e.g., office, lab, conference room, classroom] and the rationale for the request. Indicate if this request is supported by a new degree program, sponsored research, inadequate space to meet current program needs, and so forth): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		

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Strategic Plan Alignment (In 150 words or less, explain how this request supports and advances institution's strategic plan):

Funding

Indicate if the unit has sufficient funds to cover associated costs for this space:

- Yes
 No

In 500 words or less, provide funding details for this request by documenting the existing or pending funding sources. If this request is for rental space, the applicant must include the lease duration, square footage, and annual costs:

Assessment of Technical Needs (Indicate any technical needs that the requested space might need including network drops, electrical outlets, electricity, and so forth):

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Proximity (Indicate other departments, organizations, programs, or functions that should be in proximity to the request space and the rationale for this request)

Parking and Transportation (Articulate the rationale for any special parking and transportation access needs relative to this request)

Special Accommodations (Articulate any special [Americans with Disabilities Act](#) accommodations related to this request)

Other (Provide any additional details that the USC should know to make an informed decision on this space request)

University Space Committee Request Approval Form

SECTION III: APPROVALS REQUIRED FOR USC REVIEW		
Signature of Department Chair or Employee Supervisor		Date: ____/____/____
Signature of Division Vice Chancellor or Academic Dean		Date: ____/____/____
Signature of Assistant Vice Chancellor for Facilities Management		Date: ____/____/____
Signature of Environmental Health and Safety Director		Date: ____/____/____

** **Important Note:** Signatures indicate that each person has thoroughly read the Space Request Form. It is the expectation by the University Space Committee that each signatory visited the requested space with the requestor and posed pertinent questions prior to submission of this form.*

SECTION IV: APPROVAL BY UNIVERSITY SPACE COMMITTEE		
Signature of Provost and Vice Chancellor for Academic Affairs		Date: ____/____/____

** **Important Note:** The Provost's signature verifies that this space request was vetted and voted upon favorably by the University Space Committee.*

SECTION V: INTERNAL OFFICE OR COMMITTEE USE ONLY		
<input type="checkbox"/> Notification of Memorandum Sent to Requestor		Date: ____/____/____
<input type="checkbox"/> Notification Sent to Building Coordinator		Date: ____/____/____
<input type="checkbox"/> Notification Sent to Office of Information Technology		Date: ____/____/____
<input type="checkbox"/> Copy Sent to Department Chairperson or Unit Head		Date: ____/____/____
<input type="checkbox"/> Copy Sent to Appropriate Vice Chancellor, Division Leader, and/or Dean		Date: ____/____/____