

Request for Space

Campus Facilities – Space Planning & Management
(CF-SPM)

Policy: All requests for new space or a change in how space is allocated between colleges or other major administrative units must be forwarded to CF-SPM department for the analysis and processing through the Advisory Committee on Space and the Capital Review Committee. You may fill out the form and email it to morgang@missouri.edu.

CONTACT INFORMATION:		
Requesting Department:		Date:
Name:	Phone:	Email:
DESCRIPTION OF SPACE NEED: Please contact CF-SPM if you need floor plans or assistance completing this form. Phone: 882-4506 or E-mail: morgang@missouri.edu		
A. Space will be used for: Instruction <input type="checkbox"/> Research <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> Other <input type="checkbox"/>		
B. Space will be used by: Faculty <input type="checkbox"/> Staff <input type="checkbox"/> RA/TA <input type="checkbox"/> Students <input type="checkbox"/> Other <input type="checkbox"/>		
C. Is this request a result of additional staff/faculty positions already approved by Dean or Director? Yes <input type="checkbox"/> No <input type="checkbox"/>		
D. Have you identified a suitable location for this new space that may be available? Yes <input type="checkbox"/> No <input type="checkbox"/>		
E. If Yes, please describe, using building name & room #s or attach drawing/floor plans/diagrams: (If No, please proceed to line "F".)		
F. Will you be vacating your current space? Yes <input type="checkbox"/> No <input type="checkbox"/>		
G. Will there need to be any remodeling or enhancements to accommodate your proposed use? Yes <input type="checkbox"/> No <input type="checkbox"/>		
H. If yes, please briefly describe these changes (If more space is needed you may attach additional pages):		
I. Please briefly describe how the space will be used as well as why new/additional space is needed (You may attach drawings/floor plans/diagrams):		
J. Please briefly describe any special requirements for this space including the need for proximity to other facilities (If more space is needed you may attach additional pages):		
K. Date Needed:	Length of time needed:	Grant Funded? Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Granting Agency:	M. Grant Dates:	
N. Do you have funding available to commit to relocation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
O. Are special parking arrangements desired as part of this request? Yes <input type="checkbox"/> No <input type="checkbox"/>		
REQUEST AUTHORIZATION SIGNATURES:		
Department Head:	Date:	
Dean/Director:	Date:	