

SPACE REQUEST FORM

All university space, whether owned or leased, is a resource held by the Chancellor that s/he, or their designee, may apportion to vice chancellors and/or school/college deans to best meet the mission and strategic needs of the campus.

Internal department/school/unit space issues should be addressed internally. The Vice Chancellors, Provost, and Deans have the authority and responsibility to allocate or reallocate existing apportioned space among their various units in accordance with their justifiable need. Apportioned space no longer used to house its originally assigned function (i.e. unit relocation) reverts back to the Chancellor for reallocation.

A space request form must be approved and signed by a Vice Chancellor and/or school/college Dean prior to submission. Submission of a space request form represents an understanding that all reasonable attempts at accommodating growth within a department/school/unit have been explored internally and that growth cannot be accommodated within the department/school/unit's currently apportioned space.

All space requests will be evaluated by the Chancellor designee(s), within the context of the overall mission and strategic need of the campus as a whole, and a formal approval process will follow with the concurrence of the Chancellor. All existing and future space allocations will be required to conform to CU Anschutz Space Guidelines.

Date of Request:

Department/School/Unit:

Contact Name:

Contact e-mail:

Contact Phone Number:

Contact signature:

Reason for Request: **New Unit** **Modification of Existing Space**
 Other (explain)

Request is: **Permanent** **Temporary (duration)**
 Immediate **Other**

Explain:

Funding Identified:

No **Yes** **If yes, what source?**

FTE's accommodated: **Current** **Future**

Preferred Location: **Building** **Floor**

Type of Space:

Education **Research Wet** **Research Dry** **Admin/Office** **Clinical**

Please Provide a Brief Description of Your Request:

Vice Chancellor / Dean associated with request:

Name:

Signature:

Please email completed form to mackenzie.leiter@cuanschutz.edu

Date Received:

OIP Recommendations (ASF):