## Requester Information

<table>
<thead>
<tr>
<th>Requesting Division/College/Department:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted by:</td>
<td></td>
</tr>
<tr>
<td>Campus Address:</td>
<td></td>
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<tr>
<td>Email Address:</td>
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## Space Request Need

**This request reflects a need for:**

- [ ] **Allocation of New/Additional Space.**
  
  Location of Requested Space (Building & Room #): _______________________________________
  
  Proposed Use of Requested Space: _______________________________________________________
  
  Size/Square Feet of Requested Space: _________________________________________________

- [ ] **Change in Use of Existing Space.**
  
  Location of Existing Space (Building & Room Numbers): ________________________________
  
  Proposed Use: _____________________________________________________________________
  
  Size/Square Feet of Existing Space: _________________________________________________
  
  Most Recent Use: ___________________________________________________________________

## Type and Quantity of Requested Space

**Description:** Please provide information on the type and amount of space being requested.

- [ ] **Instruction - Classroom:** Number of seats and type of instruction: ________________________________
  
  Seating layout: [ ] Auditorium [ ] Fixed Tables/Chairs [ ] Tablet arm chairs [ ] Movable Tables / Chairs

- [ ] **Instruction - Lab:** Type of lab: ________________________________

- [ ] **Research:** Specific requirements: ______________________________________________

- [ ] **Office Space:**
  
<table>
<thead>
<tr>
<th>No. of Rooms</th>
<th>No. of People</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff/Administrative</td>
<td></td>
<td></td>
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<tr>
<td>Technical Support</td>
<td></td>
<td></td>
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<tr>
<td>Graduate Assistant(s)</td>
<td></td>
<td></td>
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<tr>
<td>Office Support/Service (copies, files)</td>
<td></td>
<td></td>
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<tr>
<td>Convening/Meeting</td>
<td></td>
<td></td>
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<tr>
<td>Storage</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

**Request is direct result of approved additional FTE(s)?**

[ ] Yes [ ] No

**If this request is for a grant project, has the grant proposal been awarded/funded?**

[ ] Yes [ ] No

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**UNC Charlotte - Space Request Form P. 2**
Timeline:
Date by which the space is needed (please be specific):
☐ Indefinite Assignment ☐ Temporary Assignment - Duration:

Renovations/Alterations:
Will this space request require renovation/physical alteration/reconfiguration of existing space? ☐ Yes ☐ No
  • If yes, is sufficient funding in place to complete this alteration? ☐ Yes ☐ No
    - If yes, source of funding: ____________________________

Will this space require new construction/purchase/lease of space? ☐ Yes ☐ No
  • If yes, has sufficient funding been allocated? ☐ Yes ☐ No
    Funding source: ____________________________

Will any currently assigned space be vacated if this request is approved? ☐ Yes ☐ No
  • If yes, list vacated space: ____________________________

Program Considerations:
Is the requested space immediately adjacent to/contiguous with current space occupied by the requesting unit or program? ☐ Yes ☐ No

Is requested space currently within the same college or department? ☐ Yes ☐ No

Is requested space currently within the same University division? ☐ Yes ☐ No

REQUEST DETAILS/PROPOSAL
Please attach a narrative that includes the following space request information: (See Attached)

• Summary description of request
• Justification of space request – reasons for request; program benefits and value to requesting unit; factors of opportunity; consequences if allocation is not granted
• Alignment of request to University strategic/academic plan
• Compelling issues – proximity/adjacencies/co-location; unique program facilities requirements; unforeseen or emerging circumstances
• Solution options pursued/explored – opportunities for space sharing; use of underutilized/low priority space
• Funding considerations and support
• Other

REQUEST AUTHORIZATION

Division Level Approval by: __________________________________________
(Director, Associate Dean, etc.)
Title: ___________________________ Email Address: ___________________________

Division Level Approval by: __________________________________________
(Dean, Associate Vice Chancellor)
Title: ___________________________ Email Address: ___________________________

Division Level Approval by: __________________________________________
(Senior Associate Provost, Vice Chancellor, etc)
Title: ___________________________ Email Address: ___________________________

Description of Request and Supporting Information
Submit to: Kathryn Home, Director of Space Management at khome16@uncc.edu
Space requests will be reviewed on an as-received basis. Disposition of space requests is time variable depending on the specific nature, type, location, and circumstances of the request and associated solution options. Requesters may be asked to present their request in person to the Space Management Advisory Committee.
Rev. 10/2016