**University of North Carolina at Charlotte**

**Space Request Form Date:** Click here to enter a date.

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| **Requester Information** | | | | |
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| Requesting Division/ College/Department: | Click here to enter text. | | | |
| Submitted by: | Click here to enter text. |  |  | |
| Campus Address: | Click here to enter text. |  |  | |
| Email Address: | Click here to enter text. | | | |
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| **Space Request Need** | | | | |
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| **This request reflects a need for:**  **Allocation of New/Additional Space**.  Location of Requested Space (Building & Room #): Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proposed Use of Requested Space: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size/Square Feet of Requested Space: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Change in Use of Existing Space**.  Location of Existing Space (Building & Room Numbers): Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proposed Use: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size/Square Feet of Existing Space: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Most Recent Use: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Type and Quantity of Requested Space** | | | | |
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| **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: No. of RoomsNo. of PeopleRemarks  Faculty Choose an item. Choose an item. Click here to enter text.  Staff/Administrative Choose an item. Choose an item. Click here to enter text.  Technical Support Choose an item. Choose an item. Click here to enter text.  Graduate Assistant(s) Choose an item. Choose an item. Click here to enter text.  Office Support/Service (copies, files) Choose an item. Choose an item. Click here to enter text.  Convening/Meeting Choose an item. Choose an item. Click here to enter text.  Storage Choose an item. Choose an item. Click here to enter text.  Other (specify) Choose an item. Choose an item. Click here to enter text.  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 | | | | |
| **UNC Charlotte – Space Request Form P. 2** | | | | |
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| **Associated Request Considerations** | | | |
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| **Timeline:**  Date by which the space is needed (please be specific): Click here to enter a date.  Indefinite Assignment  Temporary Assignment - Duration: Click here to enter text.  **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  N o   * 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 | | | |
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| **Request Details/Proposal** | | | |
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| **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 | | | |
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| **Request Authorization** | | | |

**Division Level Approval by: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Director, Associate Dean, etc.)**

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division Level Approval by: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Dean, Associate Vice Chancellor)**

**Division Level Approval by: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Senior Associate Provost, Vice Chancellor, etc)**

**Description of Request and Supporting Information**

Click here to enter text.

**Submit to:** Kathryn Horne, Director of Space Management at [khorne16@uncc.edu](mailto:khorne16@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