



Space Planning and Management Request Form Marshall University Office

Phone 304-696-2466 Fax 304-696-2437

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Submit this form to Facilities Planning & Space Management to request re-allocations of space or changes in function and/or configuration of space.

I. REQUESTOR INFORMATION:

NAME

COLLEGE:

DEPARTMENT:

DIVISION:

PHONE NUMBER:

EMAIL:

DATE OF REQUEST

II. REQUEST IS FOR: On-campus space Leased space Satellite campus space

III. DESCRIPTION OF SPACE USE:

A. Space will be used for: Instruction Research Administration Storage
 Support Other

If storage or other please explain the room use:

B. Space will be used by: Faculty Staff GA/TA Other
If other, please explain:

C. Will there need to be any remodeling or enhancements to accommodate your proposed use?
 Yes No

D. If yes, has the renovation request (located on the Physical Plant website) been filled out and submitted to the Director of Physical Plant for distribution.
 Yes No

E. Provide a short description of the proposed allocation, change, or project.

F. What events have led up to the need for this change?

G. Request for change of space use and/or assignment of department:

- Changes in function and/or configuration of a space including conversion of room types: (e.g., converting a classroom to a class lab, office to a storage room, etc.);
- Conversion of active space to inactive space (and vice versa);
- Changes in classroom capacity by furniture layout or remodel of the space
- Lending Space from one planning unit/college to another. (This request requires signatures of Dean/VP of all planning units involved.)
- Giving up space to another planning unit/college. (This request requires signatures of Dean/VP of all planning units involved.)

H. If you will be vacating your current space list the building name(s) and room number(s)

I. Do you have any funding available to commit to relocation and renovations?

- Yes No: If yes, where is the funding coming from and how much?

J. Please describe preferred location(s) or space desired.

IV. APPROVALS - Must obtain the following signatures and submit to Old Main, Room 114 Senior Vice President for Operations:

Department/Division Head: Signature _____ Date _____

- Return to Requestor - More Information Needed
- Return to Requestor -Not Recommended
- Forward to Next Level-Approved

For Academics only:

Provost Sr. V.P. Academic Affairs: Signature _____ Date _____

- Return to Requestor - More Information Needed
- Return to Requestor -Not Recommended
- Forward to Next Level-Approved

Sr. V. P. for Information Technology: Signature _____ Date _____

- Return to Requestor - More Information Needed
- Return to Requestor-Not Recommended
- Forward to Next Level -Approved

Sr. V. P. for Operations: Signature _____ Date _____

- Return to Requestor - More Information Needed
- Return to Requestor-Not Recommended
- Forward to Next Level -Approved

When approved forward copy to:

- Director of Physical Plant, Sorrell Building
- Information Assistant Sr., Sorrell Building