**SPACE REQUEST FORM**

**PURPOSE**
The purpose of this form is to provide information necessary for evaluation of space requests and identification of options to meet unmet space needs. Provision of accurate and detailed information via this form will help expedite response to your space request.

<table>
<thead>
<tr>
<th>GENERAL INFORMATION</th>
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<tbody>
<tr>
<td>Contact Name:</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>College ID:</td>
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<tr>
<td>Department Name:</td>
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<tr>
<td>Date Originated:</td>
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<tr>
<td>Requested Duration:</td>
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<tr>
<td>Short-term (1-3 years)</td>
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<td>From:</td>
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**SPACE REQUEST DOCUMENTATION INFORMATION:**
For detailed directions and answers to Frequently Asked Questions, please refer to the Facility and Space Planning (FSP) web site: [www.fsp.uic.edu/](http://www.fsp.uic.edu/). If you require assistance with the following form, please contact FSP at x3-8724.

1. Please provide the name of the person or program that will be occupying the newly requested space.

2. State the reason why the space is being requested as well as the functional use of each proposed room type, e.g., Wet Research Laboratory, Office, etc. (Provide additional pages as needed.)
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3. If this request is based on the award of a research grant that has been funded, please provide the date of the award, term, and project number.

4. If this request is based on the award of a research grant that has not yet been funded, please indicate anticipated date for receipt of funding, proposal number, and the anticipated term of the funding.

5. Please list the FTE’s and headcount for all faculty, staff and/or graduate students who will be using the requested space, along with their positions/titles (e.g., program director, principal investigator, technical, administrative assistant, clerical, etc.)

6. Does the requesting unit have operational and facilities funding in place? Typical costs may include renovations, moving, telecommunication, Space Economy, etc. How does this Space Request align with your unit’s 3-5 year budget plan?

7. Will existing space be vacated if this request is approved?  ____ Yes  ____ No  ____ N/A

If “yes”, please attach a specific list of the building(s), floor(s) and room spaces for the spaces to be vacated.

If “no” please state how your existing space will be utilized in the future.
8. Please identify any adjacency or proximity considerations. You can also list your specific preferences below:

   Building(s): ____________________________________________

   Floor(s): ______________________________________________

   Room(s): ______________________________________________

9. Has the department/college considered reclaiming under-utilized space to solve this need?

10. Has the department/college re-evaluated the space assigned to lower priority initiatives?

11. Has the department/college considered negotiating space exchanges with other departments/colleges to solve this need?
12. How would your unit be affected if the requested space is not assigned?

13. Please provide any additional information that will support or better define this space request. (Provide additional pages as needed).

The signatures below indicate agreement that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space.

Chair / Director
Signature
Date: ______________

Dean / Assistant Dean
Signature
Date: ______________

Vice Chancellor Signature (non-VCAA units only)
Date: ______________

VPRPM
Signature
Date: ______________
SUBMITTAL:
After obtaining signatures from Dean or Vice Chancellor, send an electronic copy to:

E-mail: planning@uic.edu
Fax: 312-413-7779