

Space Request Number (Assigned by Facilities):		Date of Request:	
Requesting Division, Dept. or Office:		Department ID:	
Explain request objective and how it supports enterprise strategic initiatives:			

Describe functions to take place in requested space (circle yes or no):

Clinical Service: Yes No Instruction: Yes No Student Support: Yes No Storage: Yes No
 Research: Yes No Administration: Yes No Auxiliary: Yes No

If Yes to Research, List Project IDs:

Explain type and amount of space needed and/or location preferences:

If you have identified space, is it in your department or in another department?

Describe adjacencies that would enhance utility of requested space:

Length of time space will be needed (Note: Include if temp space is needed during renovation):

Will requested space require renovation?		Is there an approved Business Plan?	
Yes	No	Yes	No

If Yes, have you completed a Project Request Form?

Yes No If Yes, fill in the known information below:

Project Request Number: Total Estimate: Funding Source:

Is Space Request Grant funded?

Yes No

ALL SIGNATURES BELOW THIS LINE ALLOW THE REQUEST TO BE CONSIDERED AT THE SPACE MANAGEMENT ADVISORY COMMITTEE

IT IS THE REQUESTOR'S RESPONSIBILITY TO GAIN THESE SIGNATURES & SUBMIT TO space_management@augusta.edu

	Name	Signature	Date
Requestor:			
President's Cabinet Member:			
Provost's Office:			

SIGNATURES BELOW THIS LINE INDICATE THE DECISION FROM SPACE MANAGEMENT ADVISORY COMMITTEE

Space identified to accommodate request:

Space Management Committee Action:	Comments:
Approved Denied	
Chairperson Space Management Advisory Committee	

Please send completed form to Planning, Design, and Construction at space_management@augusta.edu