

Completion of this Space Request Form is required to start the space request process. Prior to completing the Space Request Form, please review the University Space Management Policy. (UPP 5-04 available on Marquette's website.)

Completed forms should be submitted to the Dean or VP's office, who will review and submit to the Chief of Staff of the Provost or SVP/COO.

Requestor Information (Contact Information)

Name:		Date:	
Title:		Phone:	
Department:		E-Mail:	

Location Information for Space Request:

Building(s):	
Floor(s):	
Room(s):	

Space Request Information

This is a request for: (Select all that apply)

Space Reassignment: (Moves within previously allocated space(s).)

Departmental move involving more than one department: (e.g. renovating/reconfiguring space assigned to one department to make room for another department to cohabitate).

Change of Space Function or Person: (e.g. change a storage room to an office)

Request for Additional Space

Space required for funded research (e.g. lab, specialized space)

Renovations/upgrades required to existing space not related to maintenance(e.g. relocating walls, doors, new utility connections, HVAC modifications, changes to lighting, changes to floor or ceiling systems, etc.)

Renewal of space required (e.g. new carpet, paint, window treatments, etc.)

Purchase or Reconfiguration of new or existing furniture / equipment requested.

MM / DD / YYYY	Desired date which request is needed? Please note, if approved we will make every effort to accommodate request, however we cannot guarantee the date will be met.
Describe programmatic needs (i.e. why additional space or changes to existing space is necessary):	
Describe any anticipated space renovations in the targeted space. Attachments may be added to provide further	

BE THE DIFFERENCE.

What funds are being used to accomplish this request? Include Funding Source and Organization (if applicable).

Fund:	
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Use & Occupancy

This space is used primarily for:	Instruction Research Faculty Student Use Administrative Staff Conference/Mtg Rooms Assoc. Faculty/Affiliated Staff (Non-University) Private Study Storage Other:
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Request Authorization Signatures:

For Items that may require more space than what will fit in the box, please include a separate document and attach it, along with any other relevant information, to your email submission.

Requestor's Name & Position	Signature	Date
(Please Print)		

Dean/Vice Provost/Vice President's Name	Signature	Date
(Please print and circle position)		

For Internal Use Only

Date Received:	MM/DD/YYYY	Supplemental Forms Attached:
Form is Complete?	Y N	
Date Discussed:	MM/DD/YYYY	
Date Decided:	MM/DD/YYYY	
Form Processed by:	Proposed Budget:	Previous Sq. Ft:
		New Sq. Ft:
Recommendation:	Approve Deny Defer	
	Additional Information Requested	
Comments:		