North Carolina A&T State University
Space Request Form

I. Requester:

_________________________  ___________________________
Department                        College/Division

II. This request reflects a need for:

☐ Change in the use of existing space

Building: ________________________  Room No. ________________________

Current Use: ________________________  Proposed Use: ________________________

☐ Allocation of additional space

☐ Existing Space will be vacated if this request is approved.

Building: ________________________  Room No. ________________________

III. Type/Quantity of Space Needed: Please provide information on the type(s) of space being requested and the number of people to be supported. The amount of space required to meet the request will be calculated based on the UNC system space standards.

☐ Classroom: How many student seats? ____________

Preferred seating type?  ☐ Fixed ☐ Moveable

Preferred seating layout?  ☐ Auditorium ☐ Tables/chairs  ☐ Tablet armchairs

☐ Teaching Lab: Complete Attachment A

☐ Research Lab: Complete Attachment A

☐ Office:

<table>
<thead>
<tr>
<th>Type of Position</th>
<th>Number of rooms</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director/Administrator</td>
<td>________________</td>
<td>________________</td>
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<tr>
<td>Faculty</td>
<td>________________</td>
<td>________________</td>
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<tr>
<td>Technical/Clerical</td>
<td>________________</td>
<td>________________</td>
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<tr>
<td>Graduate Assistants</td>
<td>________________</td>
<td>________________</td>
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<tr>
<td>Student Workers</td>
<td>________________</td>
<td>________________</td>
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</tbody>
</table>

☐ Office Service (copier, files, mail boxes)

☐ Conference Room: seating capacity? ____________

☐ Storage/Warehouse  ☐ Conditioned  ☐ Unconditioned

☐ Other ____________________________  ____________ Sq. Ft.

☐ Other ____________________________  ____________ Sq. Ft.

Submit request to the University Space Committee Representatives, c/o Facilities/Space Planner
Questions: call Reggie Stewart, Space Planner, rnsstewar@ncat.edu, (336) 285-4504

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IV. **Time Frame:** The requested space is needed:

- □ Temporarily beginning __________________ and ending ____________________.
- □ Permanently beginning ____________________.

V. **Request Details:** Attach a detailed narrative that follows the below format:

1. **Description:** Provide a succinct description of your space request. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.

2. **Compact Plan:** How does this request relate to your Compact Plan?

3. **Proximity:** Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.

4. **Location:** Indicate any location(s) you want considered in filling this space request.

5. **Options explored:** Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under utilized space to solve this need? Has the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?

6. **Timing:** Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.

7. **Parking/Transportation:** Describe any special parking and transportation access needs. It is assumed that standard University parking and transit service levels will be needed for faculty, staff, and students.

8. **Funding:** Provide funding details for any request that requires the expenditure of funds. Rental space requests should include the lease duration, square footage, annual cost, and financial account information.

9. **Other:** Any other information that will support or better defines this space request.

<table>
<thead>
<tr>
<th>Submitted/Endorsed by:</th>
<th>Name of Department/Unit Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>Signature of Dept/Unit Head (date)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Campus address:</td>
</tr>
<tr>
<td>Signature of College Dean or Vice Chancellor (date)</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
</tr>
<tr>
<td>Signature of College Facilities Coordinator (date)</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

Unsigned request will not be considered.

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☐ Teaching Lab
Number of student seats? _________ Number of computers? _________

Lab type? ☐ Wet ☐ Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) ______________________________________________________

Processes and specific hazards (list) _______________________________________

Fumes Hoods: Number/Size __________________________________________

Waste (specify) ☐ Liquid ☐ Dry ☐ Biohazard ☐ Radioactive

Amount (volume/week) _________________________________________________

____________________________________

Are operations covered by an existing safety plan? ☐ Yes ☐ No Approval #_____

☐ Research Lab
Number of workstations? _________ Lab type? ☐ Wet ☐ Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) ______________________________________________________

Processes and specific hazards (list) _______________________________________

Fumes Hoods: Number/Size __________________________________________

Waste (specify) Liquid ☐ Dry ☐ Biohazard ☐ Radioactive ☐

Amount (volume/week) _________________________________________________

____________________________________

Are operations covered by an existing safety plan? ☐ Yes ☐ No Approval #_____

Research Contract or Grant Number
Contract/Grant Effective Dates Total $ Amt. of Agreement

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