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| 1. **CONTACT INFORMATION:** | | | | |
| **Requesting Department:** Click or tap here to enter text. | | | **Date:** Click or tap to enter a date. | |
| **Name:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. | | | **Email:** Click or tap here to enter text. |
| 1. **REQUEST FOR SPACE:** | | | | |
| 1. **New space will be used for: Instruction  Research  Administration  Storage  Support  Other**   **Please specify:** Click or tap here to enter text. | | | | |
| 1. **Briefly describe why new/additional space is needed, including how much space is needed. Address the implications to your program/service if additional space is not approved (you may attach drawings/floorplans/diagrams):**   Click or tap here to enter text. | | | | |
| 1. **Date space is required?** Click or tap to enter a date. | | | | |
| 1. **Time space is required? (e.g. 1 day a week, multiple days a week, etc. Please be as specific as possible)**   Click or tap here to enter text. | | | | |
| 1. **Length of time space is required?** **(e.g. is this a temporary request or ongoing usage?)**   Click or tap here to enter text. | | | | |
| 1. **Has a space commitment been made to meet external funding requirements? (e.g. research, grant, contract funding, etc): Yes  No   If yes, please provide details on commitment outlined in grant/contract:**   Click or tap here to enter text. | | | | |
| 1. **Space will be used by: Faculty  Staff  Students  Sessional  Other**   **Please ensure to include the following:**   * **What is the total Full Time Equivalent (FTE) of faculty or students requiring space?**    + **If it is students requiring the space, will it be accessible to all students?** * **If this is an office space request and the individual or department has a work-from-home arrangement, please provide specifics regarding the schedule.** * **What is the ideal solution and what is the minimum viable solution?**   **Please specify:**  Click or tap here to enter text. | | | | |
| 1. **What attempts have been made to locate space either within your current space allocation or with other areas on campus? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored? Please identify if conversations have been held with the relevant administrator of the area you are exploring.**   Click or tap here to enter text. | | | | |
| 1. **Have you identified a potentially suitable location for this new space? Yes  No**   **If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams:**  **If there is available space allocated to the department, why is it not suitable?**  Click or tap here to enter text. | | | | |
| 1. **Is funding available for this project? Yes  No**   **Type of funding: Faculty/Departmental Budget  Research or Grant  Contract  Other**  **Please specify funding details:**  Click or tap here to enter text. | | | | |
| 1. **Will new equipment be placed in this space? Yes  No**   **If yes, has this equipment already been purchased?**  Click or tap here to enter text. | | | | |
| 1. **REQUEST TO CHANGE FUNCTION OF SPACE: (if more than one room is involved please attach additional page)** | | | | |
| **Building and Room #:** Click or tap here to enter text.  **Current Room Type:** Click or tap here to enter text.  **Requested Room Change:** Click or tap here to enter text.  **Justification for Change:** Click or tap here to enter text.  **Potential consequences/long term vision of change:** Click or tap here to enter text. | | | | |
| 1. **Authorization Signatures:** (approval to proceed does not indicate guarantee of space for the purpose outlined in this request) | | | | |
| **Dean, Director, or Administrator Signature**  **Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date. | | | | |
| **Forward completed form via email to:** [**spaceplanning@viu.ca**](mailto:spaceplanning@viu.ca) | | **Date Request Received:** | | |
| **Decision or recommendation from Space Planning Committee:**  Click or tap here to enter text. | | | | |