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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. 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. **Has a space commitment been made to meet external funding requirements, e.g. research, grant, contract funding, etc: Yes** [ ]  **No** [ ]
 |
| 1. **Space will be used by: Faculty** [ ]  **Staff** [ ]  **Students** [ ]  **Sessional** [ ]  **Other** [ ]

**Please specify:** Click or tap here to enter text. |
| 1. **What attempts have been made to located space within your current space allocation? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored?**

Click or tap here to enter text. |
| 1. **Have you identified a suitable location for this new space that may be available? Yes** [ ]  **No** [ ]

**If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams:**Click or tap here to enter text. |
| 1. **Date space is required?** Click or tap to enter a date.

**Length of time space is required?** 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. |
| 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** | **Date Request Received:**  |
| **Result from Space Planning Committee:**Click or tap here to enter text. |