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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**](mailto:spaceplanning@viu.ca) | | **Date Request Received:** | | |
| **Result from Space Planning Committee:**  Click or tap here to enter text. | | | | |