**REQUEST FOR SPACE FORM**

# Revision Date: 1/24/2024

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| 1. **CONTACT INFORMATION** | | | | | | | | |
| Requesting Department: | | | | | | | | Today’s Date: |
| Name: | | | Phone: | | | | | E-Mail: |
| Requested Space: | Bldg: | | Room #: | | | Dept/Unit/Program Name: | | |
| Request is for *(Please check all that apply)*:  Swap existing space with another department/school/college/unit  Additional space, location identified  Additional space, location unidentifed | | | | | | | | |
| 1. **REQUEST FOR NEW AND/OR ADDITIONAL SPACE** | | | | | | | | |
| A. Space will be used for:  Instruction  Research/Grant  Administration  Storage Office  Other (please specify)  B. Space will be used by:  Faculty  Staff  RAS/GAs  Students  Other *(please specify)*: | | | | | | | | |
| C. Briefly describe why new or additional space is needed (i.e., value, benefits, revenue, etc): | | | | | | | | |
| D. If proposed space is occupied, who is the current holder and do they support the concept? *(Please attach a letter of support)* | | | | | | | | |
| E. Date Needed:  Explanation *(if any)*: | | | | | Length of Time Needed:  Temporary  Permanent | | | |
| F. Grant Funded?  Yes  No | | Granting Agency: | | | | | Grant Dates: | |
| G. Do you anticipate any existing space being vacated by your department?  Yes  No | | | | | | | | |
| H. Briefly describe the function of your unit: | | | | | | | | |
| 1. Number of full time employees: | | | | Number of part-time employees: | | | | |

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| J. Do you anticipate the number of people in your unit increasing within the next two years?  Yes  No |
| K. Are you anticipating any remodeling or enhancements to accommodate your proposed use?  Yes - What is/are the estimated cost(s):  No |
| L. Explain how the new space will be used to support the University: |
| 1. **REQUEST AUTHORIZATION SIGNATURES**   ***Please Note:*** *The authorizations below are needed for submitting your request to the Campus Space Committee (CSC). The CSC reviews requests in April and October and makes recommendations to the Senior Leadership Council (SLC) for the final approval. Applicants should anticipate that they, or a representative from their department, will be invited to a CSC meeting following the initial review of their application in order to discuss or provide more information regarding their request.* |
| Request to be submitted to CSC for consideration  Request declined  Department Chair/Director Name :  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Comments: |
| Request to be submitted to CSC for consideration  Request declined  Dean/Associate Provost Name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Comments: |
| Request to be submitted to CSC for consideration  Request declined Vice President/Provost Name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Comments: |
| Only complete this section if this request includes a financial aspect:  Request to be submitted to CSC for consideration  Request declined  Sr. V.P./CBO:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Comments: |
| Please return a copy of the completed and signed form to: The CSC – c/o Nicole Schneider [schneidern3@xavier.edu](mailto:schneidern3@xavier.edu) Thank you! |