

**College of Pharmacy
SPACE REQUEST FORM**

Department/Unit: _____

Requesting Person _____ Telephone # _____
 Contact Person If
 Different From Above _____ Telephone # _____

Note: Requester must be a faculty member, director, department head, or higher.

Reason for Request and Justification: e.g., new hire, new program (Separate attachment can be included with submittal).

I. REQUESTED SPACE

OFFICE NEEDS Examples: Faculty Office = 120sf, Prof. Cubicle=64sf, Std. Cubicle=48sf

<u>Proposed Occupant(s)</u>	<u>Occupant Title(s)</u>	<u>Desired space/square ft.</u>

RESEARCH LAB NEEDS Example: Skaggs standard laboratory unit =600sf

<u>Proposed Occupant(s)</u>	<u>Occupant Title(s)</u>	<u>Desired space/square ft.</u>

V. SIGNATURE APPROVAL

Requester's Immediate Supervisor _____

Complete form, print, sign, date and send to the Dean's Office