



Space Change Form

FACILITIES & CONSTRUCTION

(for F&C use only)		
_____	_____	_____
Academic	Non-Academic	UTMC
Space Change Number:		_____

Date Initiated: _____ Date Received by F&C: _____

Please fill out the Part required for your request ONLY:

Part I of this form is to be completed any time there is a Request for Space (a request for additional or different space);

Part II is to be completed for a Request for Change in Occupancy (the department assignment of a room changes);

Part III is to be completed for a Request for Change in Room Use (example: office to lounge), Physical Modification (renovation request), or Digital Display Request.

Approvals:

- Approval from both Director/Dept. Chair and Dean/VP required for all requests.
- Other approvals may be required and will be facilitated by the University Architect.

I. REQUEST FOR SPACE (Attach additional sheets if necessary)

Type of Space Requested: _____

Size of Space Requested (SF, # of Occupants, etc.): _____

Suggested Location (optional): _____

Describe Need: _____

Anticipated Date of Need: _____

Current Space (If any): Campus: _____ Building: _____ Floor: _____ Room(s): _____

Authorized by (Director/Dept. Chair Printed Name): _____ Authorized by (VP/Dean Printed Name): _____

> Signature(Director/Dept. Chair): _____ Date: _____ > Signature(VP/Dean): _____ Date: _____

II. REQUEST FOR CHANGE IN OCCUPANCY

Campus: _____ Building: _____ Floor: _____ Room(s): _____

Room Presently Assigned To:

Department: _____ Responsible Index # _____

Authorized by (Director/Dept. Chair Printed Name): _____ Authorized by (VP/Dean Printed Name): _____

> Signature(Director/Dept. Chair): _____ Date: _____ > Signature(VP/Dean): _____ Date: _____

Room Being Reassigned To:

Department: _____ Responsible Index # _____

Authorized by (Director/Dept. Chair Printed Name): _____ Authorized by (VP/Dean Printed Name): _____

> Signature(Director/Dept. Chair): _____ Date: _____ > Signature(VP/Dean): _____ Date: _____

III. REQUEST FOR CHANGE IN ROOM USE, PHYSICAL MODIFICATION, or DIGITAL DISPLAY REQUEST

Campus: _____ Building: _____ Floor: _____ Room(s): _____

Present Use of Room (Please check):

Office _ Instructional Lab _ Research Lab _
 Patient Room _ Clinical Space _ Conference Room _ Other _ (Specify): _____

New Use of Room (Please check):

Office _ Instructional Lab _ Research Lab _
 Patient Room _ Clinical Space _ Conference Room _ Other _ (Specify): _____

Description of request (Please be detailed and specific):

Authorized by (Director/Dept. Chair Printed Name): _____ Authorized by (VP/Dean Printed Name): _____

> Signature(Director/Dept. Chair): _____ Date: _____ > Signature(VP/Dean): _____ Date: _____

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_____	_____	_____	_____	_____
Form Initiated by F&C	Approvals Required	Authorized by		
_____	_____	_____	_____	_____
Floor Plan	Data Table	GIS	Tracking	Approval Email