### Space Allocation and Alteration Request Form

You must complete this form to request a change in physical space or a change in how space is allocated on the ASU campus. Send your completed form to the Director of Business Services (c/o Dept. of Special Events). For questions on terminology or the form in general, visit the Facilities Inventory Web site or call 325-486-6111. The requestor must receive written approval from the Space Planning Coordinator prior to proceeding with any changes.

#### CONTACT INFORMATION

<table>
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<tr>
<th>Requesting Department:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Phone:</td>
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<td>Email:</td>
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#### DESCRIPTION OF SPACE NEED

**A.** What best describes your space need? (Check all that apply.)
- [ ] Change of Space Function
- [ ] College Level Change
- [ ] Department Level Change
- [ ] Request for Space in New Construction
- [ ] Improvements of Space
- [ ] Request for Additional Space
- [ ] Discrepancies in Current Space Data
- [ ] Vacate/Departure of Space (Please provide building/room #’s)

**B.** What will you use the space for (check all that apply)?
- [ ] Instruction
- [ ] Research
- [ ] Administration
- [ ] Office Facilities
- [ ] Food Services
- [ ] Student Study
- [ ] Storage
- [ ] Athletics
- [ ] Residential/living
- [ ] Other (Please explain: ____________________________)

**C.** Who will use the space (check all that apply)?
- [ ] Faculty
- [ ] Staff
- [ ] Resident Assistants
- [ ] Visitors of ASU
- [ ] Teaching Assistants
- [ ] Students
- [ ] Custodians
- [ ] Other (Please explain: ____________________________)

**D.** Have you identified a suitable location for this space allocation change or alteration?
- [ ] Yes
- [ ] No

**E.** If yes, please describe using building/room #s (If no, please proceed to line “I”):

**F.** Are your dean (or VP) and Department Space Representative aware of these changes?
- [ ] Yes
- [ ] No

**G.** Do they support the concept?
- [ ] Yes
- [ ] No

If yes, who? ______________________________________________________________________________________

**H.** Will there need to be remodeling or enhancements to accommodate your proposed use (improvement of space)?
- [ ] Yes (fill out questions 1-2 below)
- [ ] No (skip to line “I”)
  1. Have you filled out a Building Modification Form (from Facilities Planning and Construction)?
     - [ ] Yes
     - [ ] No
  2. Please briefly describe these changes (If more space is needed, you may attach additional pages):

**I.** Do you have funding available to commit to alterations/relocation?
- [ ] Yes
- [ ] No
- [ ] N/A

**J.** Please briefly describe how the space will be used as well as why new/additional space is needed:

**K.** Date Needed: ____________________________

**L.** Length of time needed: ____________________________

#### REQUEST AUTHORIZATION SIGNATURES (Project leader should have people sign in order of appearance)

<table>
<thead>
<tr>
<th>Department Head:</th>
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<tbody>
<tr>
<td>Dean/Director/VP:</td>
<td>Date:</td>
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<td>Director of Business Services:</td>
<td>Date:</td>
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<td>Space Planning Coordinator:</td>
<td>Date:</td>
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**SPACE PLANNING AND UTILIZATION ONLY:**

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<th>Notes:</th>
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<td>[ ] Accepted</td>
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