

Request for Space Change or Additional Space

Ball State University Facilities Planning & Management

Complete form providing as much detail as available.
After signatures obtained, forward to Facilities Planning & Management.

Date Rcv'd.

Name _____	Phone # _____
Department _____	E-mail Address _____

Requesting Change in Use of Existing Space

Building/Room Number(s) _____
Current Use _____ Proposed Use _____

Requesting New or Additional Space

Type/Quantity of Space Needed _____
Needed By (Month/Year) _____ Need Until (If Temporary) _____
Existing space will be vacated if request is approved (Room Numbers) _____

Detailed Description and Justification

If requesting new space, also note specific locations you want considered, proximity needs for the new space, and any ways you've tried to solve the space need with your existing space. Attach additional pages if needed.

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Reviews

Unit Head (Print or type) _____	Signature of Unit Head _____	Date _____
Dean/Administrative Head (Print or type) _____	Signature of Dean/Administrative Head _____	Date _____

Recommendation

	<input type="checkbox"/> Recommended	
Chair of Space Planning Committee _____	<input type="checkbox"/> Not Recommended	Date _____

COMMENTS:
