



California State University
SAN MARCOS

University Space Planning

Space Request Form

Date: _____ Dept./Unit _____
 Requesting Space: _____
 Contact Person: _____ Phone: _____
 Email: _____

Date Space is Needed:

(Please keep in mind that it can take, on average, 2 to 6 months to identify new space.)

Describe how your request for space is important and how it is tied to the University's strategic priorities:

Space Type	No. of Rooms:	No. of People:	Square Feet:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Totals:	_____	_____	_____

Duration:	Long Term (more than 2 years)	Short Term (more than 2 years)	Interim	Months
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This request is for: <i>(check all that apply)</i>	Additional Space	Reassignment of Space	Modification of Space
	New Construction	Other	

Space will be used for:
(check all that apply)

Instruction	Administration	Research
Storage	Support	Other

Describe how this space will be use and how often

Space will be used for:
(check all that apply)

Faculty	Administrator	Other
Staff	Students	

Personnel: *(please list below)*

Name	Title	FTE	New/Existing
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Are special accommodations or equipment requirements needed? Yes No

If yes, please briefly describe these changes:

Preferred Location of Space:
Adjacency Relationships:

Building: _____ Room # (s): _____

Current assigned occupant / department:

Could this activity be located off campus? Yes No

Will existing space be vacated if this request is approved? Yes No

Spaces to be vacated:

Building: _____ Room # (s): _____

Building: _____ Room # (s): _____

Building: _____ Room # (s): _____

Explain why the space being requested cannot be accommodated in space currently available to the department.

External Funding Related Requests

If for an externally funded project, what is the duration of the funded project?

From _____ To _____

Is funding available now? Yes No

If no, when do you anticipate funding?

If yes, what is the anticipated duration?

From _____ To _____

Renovation/New Construction funding source

Specific Facility/Technical Requirements (e.g. electrical panel, fume hood, etc.)

Space Request Agreement

I understand that if this request is approved any costs associated with moves or physical modifications to the space will be the responsibility of the requesting department.

Requestor Signature: _____

Approval for further consideration:

MPP Manager of Subunit (if appropriate): _____

MPP Manager of Unit: _____

Signature of Administrator (Divisional Vice President): _____

(signature indicates accuracy of information and concurrence with request)

Once this request has been approved by the Divisional Vice President, submit the original request to the Planning, Design and Construction office in Craven Hall 5111.