

Space/Project Request Form

REQUEST SUMMARY

Request date: _____

Space / program title: _____

Contact name: _____ Email: _____ Phone: _____

Information

Organizational unit: _____
(division/college approving request)

Funding source: _____
(org number, fund number)

Is funding covered in-full by the unit's operating budget? Yes N/A No: _____
(If no, provide alternate funding source. Central funding requests require additional approval from Budget and Financial Planning)

Funding

Type of space: _____
(office, service, laboratory, parking, storage, etc.)

Square footage: _____

Fill out and attach a copy of the [VT Square Footage Calculator](#), listing all occupants for the requested space.

Desired occupancy date: _____

Term of space need: _____
(six months, three years, etc.)

Retain existing space? Yes No
(If yes, provide rationale in description)

Does the space require accessibility to persons who may be mobility impaired? Yes No

For Clery Act reporting purposes, how frequently will this location be used by students?
Never Daily Weekly Monthly 1X Semester 1X Year

Overview

Request description:
Briefly describe the purpose of the request, noting any unique requirements or desired adjacencies.

Description

Other attachments: _____



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ADMINISTRATIVE APPROVAL

By signing below, I approve the attached space request and funding source provided.

Signatures required for areas reporting to the Provost Office

Academic Dean or Vice President

Printed Name

Date

Ken Smith
Vice Provost, Academic Resource Management

Date

Signature required for areas reporting to the President

Vice President

Printed Name

Date

Signature required for central funding requests

Tim Hodge
Assistant Vice President, Budget Financial Planning

Date