

# University of Colorado at Boulder

## Change in Space Utilization Form

Requesting Person \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_  
Date of Request \_\_\_\_\_

School/College, or Department \_\_\_\_\_  
Name of governing Space Officer \_\_\_\_\_  
Name of governing Vice Chancellor \_\_\_\_\_

Request is for:  
 off-campus leased space                       on-campus leased space  
 off-campus general fund space               on-campus general fund space

When do you require the space?    **month** \_\_\_\_\_ **year** \_\_\_\_\_

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### Identify *Approximate* Square Foot Needs by Space Category:

Sq. ft.  
 classroom (including support space)  
 laboratory (dry lab, including support space)  
 laboratory (wet lab, including support space)  
 faculty (office and support)  
 administrative (office and support space)  
 conference/meeting space (including support space)  
 storage/file room space  
 other (please describe in space provide below)  
 **total square foot space needs**

Other: \_\_\_\_\_

Are there any unique aspects associated with this request for space (e.g. security, load-bearing capacity of floor, electrical, HVAC, etc) that should be taken into consideration?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### FTE to be Placed in New Space

faculty \_\_\_\_\_ students \_\_\_\_\_ non-student university employees \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_

### Floor Plans

If you have already identified a space you want to acquire please provide a copy of an 8X14 floor plan with highlighted areas of the space. Floor plans may be obtained by contacting the Computer-Aided Drafting Office, within Facilities Management (call 492.5080 or 735.0075).

**Note: You may be required to answer additional questions before your request is acted upon.**



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## Space Request Approval

1. This request for space has been reviewed and approved by the Space Officer of the School/College or the Director of the administrative program submitting the request. As a condition of this review I have concluded the following:
  - that the additional demands for space described in this request cannot be accommodated within existing space allocated to my School/College/program;
  - that I have given this request a *high-priority* rating, when compared to other space requests under my review; and
  - that as a condition of my approval the requesting party agrees to have an audit conducted on their space in order to verify the need identified in the request.

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Dean/Director of College/School/Dept.	Date
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2. This request for space has been reviewed and *approved* as a high-priority need by the Associate Vice Chancellor for \_\_\_\_\_.

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Associate Vice Chancellor	Date
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3. This request for space has been reviewed and *not approved* as a high-priority need by the Provost/Vice Chancellor for \_\_\_\_\_.

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Vice Chancellor	Date
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