

Request # \_\_\_\_\_

Date \_\_\_\_\_  
(Office use only)

## University of North Carolina at Pembroke Space Request Form

**I. Requester:**

Department \_\_\_\_\_

College/Division \_\_\_\_\_

**II. This request reflects a need for:**

- Change in the use of existing space

Building: \_\_\_\_\_ Room No. \_\_\_\_\_

Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

- Allocation of additional space
- Existing Space will be vacated if this request is approved.

Building: \_\_\_\_\_ Room No. \_\_\_\_\_

**III. Type/Quantity of Space Needed:** Please provide information on the type(s) of space being requested and the number of people to be supported. The amount of space required to meet the request will be calculated based on the UNC system space standards.

- Classroom: How many student seats? \_\_\_\_\_  
Preferred seating type? - Fixed - Moveable  
Preferred seating layout? - Auditorium - Tables/chairs  
- Tablet armchairs

- Teaching Lab: Complete Attachment A

- Research Lab: Complete Attachment A

- Office:

Type of Position	Number of rooms	Number of People
Director/Administrator	_____	_____
Faculty	_____	_____
Technical/Clerical	_____	_____
Graduate Assistants	_____	_____
Student Workers	_____	_____

- Office Service (copier, files, mail boxes)

- Conference Room: seating capacity? \_\_\_\_\_

- Storage/Warehouse - Conditioned - Unconditioned \_\_\_\_\_ Sq. Ft.

- Other \_\_\_\_\_ Sq. Ft.

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**IV. Time Frame:** The requested space is needed :

- temporarily beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- permanently beginning \_\_\_\_\_.

**V. Reasons for Request:** Attach a detailed narrative that follows the below format:

1. Description: Please provide a succinct description of your space request. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.
2. Proximity: Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
3. Location: Indicate any location(s) you want considered in filling this space request.
4. Options explored: Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under utilized space to solve this need? Has the department/college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
5. Timing: Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.
6. Parking/Transportation: Describe any special parking and transportation access needs
7. Other: Any other information that will support or better define this space request.

<p><b>Submitted/Endorsed by:</b></p> <hr/> <p>Signature of Dept/Unit Head <span style="float: right;">(date)</span></p> <hr/> <p>Signature of College Dean or Vice Chancellor/Assoc. Vice Chancellor <span style="float: right;">(date)</span></p> <hr/> <p>Signature of AVC Facilities <span style="float: right;">(date)</span></p>	<p>Name of Department/Unit Contact Person:</p> <p>_____</p> <p>Building _____</p> <p>phone _____</p> <p>fax _____</p> <p>e-mail _____</p>
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Unsigned request will not be considered.

Submit endorsed request to the University Space Committee, c/o Steve Martin, AIA, Facilities Management, 105 Pinchbeck, UNCP  
 Questions: call 521-6601

**University of North Carolina at Pembroke  
Space Request Form – Attachment A**

**- Teaching Lab** Number of student seats? \_\_\_\_\_ Number of computers? \_\_\_\_\_

Lab type?            - Wet            - Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) \_\_\_\_\_

Processes and specific hazards (list) \_\_\_\_\_

Fumes Hoods:        Number/Size \_\_\_\_\_

Waste (specify)    - Liquid        - Dry        - Biohazard        - Radioactive

Amount (volume/week) \_\_\_\_\_

\_\_\_\_\_

Are operations covered by an existing safety plan? - Yes - No

**- Research Lab** Number of workstations? \_\_\_\_\_ Lab type?    - Wet    - Dry

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) \_\_\_\_\_

\_\_\_\_\_

Processes and specific hazards (list) \_\_\_\_\_

\_\_\_\_\_

Fumes Hoods:        Number/Size \_\_\_\_\_

Waste (specify)    - Liquid        - Dry        - Biohazard        - Radioactive

Amount (volume/week) \_\_\_\_\_

\_\_\_\_\_

Are operations covered by an existing safety plan?    - Yes    - No

\_\_\_\_\_  
Contract/Grant Effective Dates

\_\_\_\_\_  
Total \$ Amt. of Agreement