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?  ______________
  Preferred seating layout?  ______________

- 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.
University of North Carolina at Pembroke
Space Request Form

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.

---

**Submitted/Endorsed by:**

<table>
<thead>
<tr>
<th>Signature of Dept/Unit Head</th>
<th>(date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of College Dean or Vice Chancellor</td>
<td>(date)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of AVC Facilities</td>
<td>(date)</td>
</tr>
</tbody>
</table>

Name of Department/Unit Contact Person:

<table>
<thead>
<tr>
<th>Building</th>
<th>phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>fax</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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