Coppin State University
Space Request Form

Requesting Department/School:_____ Date_____

Dean/Chairperson: _____ Requestor: _____

Phone:_____ E-mail: _____

Requestor Signature: _____

Space will be used for: Instruction ☐ Office ☐ Computer lab/classroom ☐ Storage ☐

Lab ☐ Research ☐ Other ☐ _____

.
Explain how the space will be used and why new/additional space is needed. If a remodel, briefly explain the changes requested. Use additional pages if necessary.

Is a suitable location for this new space available? Yes ☐ No ☐
If yes, please describe, using building/room number or attached drawing/floor plans/diagrams.

Will you be vacating your current space? Yes ☐ No ☐

Will this be a temporary placement? Yes ☐ No ☐

Will the identified area require renovation or enhancements? Yes ☐ No ☐

Information Technology Services ☐ Electrical Services ☐ Construction ☐

Do you have funding available to cover cost related to the request? Yes ☐ No ☐

Date needed: _____

Approvals

Department Head

☐ Forward to Dean or VP – Recommendation Approved

☐ Return to Requestor --- Not Recommended

☐ Return to Requestor --- More Information Needed

Signature: _____ **Date:** _____

Information Technology Division

☐ Forward to Dean or VP – Recommendation Approved

☐ Return to Requestor --- Not Recommended

☐ Return to Requestor --- More Information Needed

Signature: _____ **Date:** _____

Facilities and Physical Plant Division

☐ Forward to Dean or VP – Recommendation Approved

☐ Return to Requestor --- Not Recommended

☐ Return to Requestor --- More Information Needed

Signature: _____ **Date:** _____

Dean

☐ Forward to Space Advisory Committee --- Recommendation Approved

☐ Return to Requestor --- Not Recommended

☐ Return to Requestor --- More Information Needed

Signature: _____ **Date:** _____

University Space Advisory Committee

☐ Forward to Provost – Recommendation Approved

☐ Return to Requestor --- Not Recommended

☐ Return to Requestor --- More Information Needed

Signature: _____ **Date:** _____

Provost

☐ Forward to Space Advisory Committee --- Recommendation Approved

☐ Return to Requestor --- More Information Needed

☐ Forward to Space Advisory Committee – Not Recommended

Signature: _____ **Date:** _____