



Space Change Request Form

INSTRUCTIONS:

This form is used to request changes to campus space use, department association, room capacity, addition/deletion of space, change in CIP code, and/or change of room function program code. The request must be fully routed and approved prior to the alteration of space utilization.

Please reach out to the **Campus Space Utilization** with questions regarding the form or the current space use and information, as reported to the Texas Higher Education Coordinating Board.

Requesting Department/College/Division: _____

Building Name: _____ Room Number: _____

Contact Name: _____ Phone: _____ Email: _____

Type of request:

Select Option

Details of request:

1. Change of current space use code

Describe the anticipated primary use of the requested space:

Examples include classroom, office, conference room, storage, laboratory. A full list of categories and descriptions can be found on our website at <http://www.tsu.edu/about/administration/facilities/space-management/pdf/space-use-codes.pdf>.

2. Change in department association for a current space

Existing department name: _____

New department name: _____

3. Change in current room capacity

Current capacity: _____ New capacity: _____

4. Addition or deletion of current space

Explanation for request:

5. Other Description of any requested space changes

Required Approvals, in Order: (**All signatures must be present to indicate full approval and are subject to review by the Texas Higher Education Coordinating Board. If all parties do not approve, the request will be denied in full.)

Requestor:

Signature: _____

Date: _____

Printed Name: _____

Department Head:

Signature: _____

Date: _____

Printed Name: _____

Department's Vice President or Provost:

Signature: _____

Date: _____

Printed Name: _____

Campus Space Utilization:

Signature: _____

Date: _____

Printed Name: _____