

Form for Space Assignment Request

UW-MILWAUKEE REQUEST FOR SPACE ASSIGNMENT

REQUESTING DEPARTMENT	CONTACT PERSON	PHONE	DATE
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SPACE ASSIGNMENT ANALYSIS

1. WHAT TYPE OF SPACE IS BEING REQUESTED?

	No. of Rooms	Total Sq. Ft.	Special Requirements or Considerations
Classroom	_____	_____	_____
Dry Teaching Lab	_____	_____	_____
Wet Teaching Lab	_____	_____	_____
Dry Research Lab	_____	_____	_____
Wet Research Lab	_____	_____	_____
Office	_____	_____	_____
Other_____	_____	_____	_____
Other_____	_____	_____	_____

2. WHAT IS THE PREFERRED LOCATION FOR THE REQUESTED SPACE?

(Designate by Building or Area of Campus)

1st Choice: Bldg. _____ Floor_____ Rm. No._____

2nd Choice: Bldg. _____ Floor_____ Rm. No._____

3rd Choice: Bldg. _____ Floor_____ Rm. No._____

3. WILL THE REQUESTED SPACE REQUIRE ANY REMODELING OR IMPROVEMENTS?

No _____

Yes _____ Source of Funding: _____

4. WILL ANY EXISTING SPACE BE VACATED OR RELEASED FOR REASSIGNMENT?

No _____

Yes _____ Bldg: _____ Room Numbers: _____

5. JUSTIFICATION: EXPLAIN THE BASIS FOR THIS REQUEST:

(Attach Extra Sheet if Necessary)

APPROVAL: Department Chair Date

APPROVAL: Dean or Director Date

RANK OF REQUEST: _____