

SPACE UTILIZATION AND ALLOCATION COMMITTEE

REQUEST FOR SPACE REALLOCATION

Submit to the Office of the Provost

Requestor _____

Date _____

Department / Office _____

First day of use for requested space: _____
Day / Month / Year

General Statement and Purpose of Requested Space: _____

Reallocation/space requested is intended to be _____ Permanent _____ Temporary
If not permanent, duration of the use of requested space _____ Months _____ Years
If academic related, has request been submitted to Dean/VP? _____ No _____ Yes

If you are vacating an existing space, specify the usage of the vacated space:

DESCRIPTION OF SPACE NEEDED

Functional capacity, such as, size of the space, seating capacity, lab station capacity, etc:

Features required: _____
(technology and/or equipment, _____
ventilation, other special needs) _____

LOCATION OF REQUESTED SPACE

Where on the Hattiesburg campus (be specific): _____

Rationale for location requested: _____
(Contiguous space relationships _____
and functions) _____

Projected growth: (will additional space be needed later) _____

RENOVATIONS OF REQUESTED SPACE

Will specific renovations be needed for your space?
_____ No _____ Yes

If yes, specify what the renovations include and address the cost. Also, do you have the funds for the necessary renovations?
The estimated work cost (with University Physical Plant approval) must be **attached** noting that all University codes have been met.

Routing.....

1. _____
Requestor's Signature Date

2. _____
Dean's or Responsible Vice President's Signature Date

3. Received by SUAC Chair: _____
Initials Date