## SPACE REQUEST FORM



Please fill out the form below if you require new space or a change in your current space. If you require floor plans or assistance in completing this form, contact <u>planningdept@mohawkcollege.ca</u>

1. CONTACT INFORMATION					
Requesting Dept:				VP Area:	
Name:		Phone:		Email:	
2. REQUEST FOR SPACE					
А.	Are you requesting new space or a change of space? Please specify:	New Space $\Box$	Change of S	pace 🗌 Other 🗌	
<ul> <li>B. Briefly describe why new space or a change of space is needed. Address the implications to your program / service if the request is not approved. (You may attach drawings / floor plans/ diagrams):</li> </ul>					
C.	Current Space and Room Usage: Campus: Wing/Building: Current Usage:	Rooi	n #s:	I do not have current space: $\Box$	
D. New / Proposed change of space will be used for (choose all that apply): Instruction  Research Administration Storage Support Student Services Other Please describe, in more detail, the new / proposed change of space usage (function, activities, etc):					
E.	E. Proposed space will be used by (choose all that apply): Academic 🗆 Employee 🗆 Students 🗆 Partners 🗔 Other 🗆 Please specify:				
F. (Please only respond to this question if you are requesting NEW space). What attempts have been made to locate space within your current space? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored? Explain.					
G.	Please only respond to this question if you are requesting NEW space: Have you identified a suitable location for this new space that may be available? Yes No No I If yes, where: Campus: Wing/Building: Room #(s): Describe the space and/or attach drawings/floor plans/diagrams. Click here to enter text.				
Н.	Date space is required:				
	Length of time space is required:				
I. Will new equipment be placed in this space? Yes 🗆 No 🗆 If yes, describe the equipment, attach cut sheets and provide quantities.					
3 FUNDING					
How will this project be funded? (Please provide a FOAPAL)					
4. REQUEST AUTHORIZATION SIGNATURES					
	ciate Dean or Director: ature:			Date:	
	n or Chief: ature:			Date:	
	ward completed form via email to: ningdept@mohawkcollege.ca		PLANNING U Date request Request Num	received:	