I. CONTACT INFORMATION:

Requesting Department: 

Date: 

Name: 

Phone: 

Email: 

II. REQUEST FOR SPACE:

If you require copies of floor plans or assistance completing this form contact: Laural Friesen - ph: 250.807.8557  email: laural.friesen@ubc.ca

A. Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved. (You may attach drawings/floor programs/diagrams):

B. New space will be used for: Instruction ○ Research ○ Administration ○ Storage ○ Support ○ Other ○  Please specify:

C. CFI (research) Eligible Activity: Yes ○ No ○

D. Space will be used by: Faculty ○ Staff ○ TA ○ Students ○ Sessionals ○ Other ○ Please specify:

E. What attempts have been made to locate space within your current space allocation? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored?

F. Have you identified a suitable location for this new space that may be available? Yes ○ No ○ If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams:

G. Date space is required? 

Length of time space is required:

H. Is funding available for this project?: Yes ○ No ○ Type of funding?: Faculty Budget ○ CFI ○ : Other ○ Please Specify__________________________________

I. Equipment 

Will new equipment be placed in this space? Yes ○ No ○ If yes, please complete the Equipment Pre-Purchase Form at http://facilities.ok.ubc.ca/__shared/assets/equipment58182.pdf

An Equipment Pre-Purchase Form is required for each piece of equipment installed.

Please print and submit with Space Allocation Request Form.

III. REQUEST TO CHANGE FUNCTION OF SPACE: (if more than one room is involved, attach additional page)

Building: ________________ Room # __________

Current Room Type________________________________ (for help with room types, please contact Laural Friesen 250.807.8557)

Requested Room Type Change ___________________________

Justification for change:

IV. REQUEST AUTHORIZATION SIGNATURES

Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.

Department Chair or Director: 

Date:

Dean or Equivalent: 

Date:

Forward completed form via email to: Laural Friesen @ laural.friesen@ubc.ca (250)807-8557 

SPACE COORDINATOR USE ONLY

Date request received:__________________________

Request Number:______________________________