

UBC OKANAGAN SPACE REQUEST FORM

Space Allocation or Change in Primary Function

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 <input type="radio"/> Research <input type="radio"/> Administration <input type="radio"/> Storage <input type="radio"/> Support <input type="radio"/> Other <input type="radio"/> Please specify:		
C. CFI (research) Eligible Activity: Yes <input type="radio"/> No <input type="radio"/>		
D. Space will be used by: Faculty <input type="radio"/> Staff <input type="radio"/> TA <input type="radio"/> Students <input type="radio"/> Sessionals <input type="radio"/> Other <input type="radio"/> 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 <input type="radio"/> No <input type="radio"/> 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 <input type="radio"/> No <input type="radio"/> Type of funding? : Faculty Budget <input type="radio"/> CFI <input type="radio"/> : Other <input type="radio"/> Please Specify _____		
I. Equipment Will new equipment be placed in this space? Yes <input type="radio"/> No <input type="radio"/> 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: _____