Request #	_
Date (Office use only)	_

## North Carolina A&T State University Space Request Form

	Requester:						
	Department			Ō	College/Division		
	This request reflects	s a need for:					
	☐ Change in the use	of existing space					
	Building:			Room No			
	Current Use:		Proposed	l Use:			
	☐ Allocation of addi	itional space					
	☐ Existing Space wi	☐ Existing Space will be vacated if this request is approved.					
	Building:			Room No	0		
I.	<b>Type/Quantity of Space Needed:</b> Please provide information on the type(s) of space being requested and the number of people to be supported. The amount of space required to meet the request will be calculated based on the UNC system space standards.						
	☐ Classroom:	How many student seats?					
		Preferred seati	ing type?	☐ Fixed	☐ Moveable		
		Preferred seati			☐ Moveable orium☐ Tables/chairs		
				□ Audit			
	☐ Teaching Lab: Co	Preferred seati	ing layout?	□ Audit	orium□ Tables/chairs		
	☐ Teaching Lab: Co☐ Research Lab: Co	Preferred seati	ing layout?	□ Audit	orium□ Tables/chairs		
	_	Preferred seati	ing layout?	□ Audit	orium□ Tables/chairs		
	☐ Research Lab: Co☐ Office:  Type of Posi	Preferred seating properties of the Preferred seating properties and the Preferred seating properties of the Preferred seating properties	ing layout?	□ Audit □ Table	orium□ Tables/chairs		
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	☐ Research Lab: Co ☐ Office:  Type of Posi Director/Adr Faculty Technical/Cl Graduate As Student Wor	Preferred seating many preferred seating many preferred seating many preferred seating seating capacity?	ing layout?  Int A  Number of ro	□ Audit □ Table  Doms □	orium□ Tables/chairs t armchairs		

Submit request to Roderica Wade-Gaither, rwade@ncat.edu, (336) 285-2591.

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## North Carolina A&T State University Space Request Form

to the requested space and why.  4. Location: Indicate any location(s) you want considered in filling this space request.  5. Options explored: Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under utilized space to solve this need? Has the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?  6. Timing: Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.  7. Parking/Transportation: Describe any special parking and transportation access needs. It is assumed that standard University parking and transit service levels will be needed for faculty, staff and students.  8. Funding: Provide funding details for any request that requires the expenditure of funds. Rental space requests should include the lease duration, square footage, annual cost, and financial account information.  9. Other: Any other information that will support or better defines this space request.  Submitted/Endorsed by:  Name of Department/Unit Contact Person  Signature of College Dean or (date)  Vice Chancellor		ne Frame: The requested space is needed:  Temporarily beginning	l ending					
Request Details: Attach a detailed narrative that follows the below format:  1. Description: Provide a succinct description of your space request. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.  2. Compact Plan: How does this request relate to your Compact Plan?  3. Proximity: Indicate other departments, organizations, programs, or functions which should be in proxin to the requested space and why.  4. Location: Indicate any location(s) you want considered in filling this space request.  5. Options explored: Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under utilized space to solve this need? Has the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?  6. Timing: Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, e.  7. Parking/Transportation: Describe any special parking and transportation access needs. It is assumed the standard University parking and transit service levels will be needed for faculty, staff and students.  8. Funding: Provide funding details for any request that requires the expenditure of funds. Rental space requests should include the lease duration, square footage, annual cost, and financial account information of the provide information that will support or better defines this space request.  Submitted/Endorsed by:  Name of Department/Unit Contact Person  Signature of Dept/Unit Head  Campus address:  Submitted/Endorsed by:								
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Campus address:  Signature of College Dean or (date) Vice Chancellor	Sub	omitted/Endorsed by:	Name of Department/Unit Contact Person					
Campus address:  Signature of College Dean or Vice Chancellor								
Vice Chancellor	Sign	nature of Dept/Unit Head (date)						
I Phone.			Phone:					

Fax:

E-mail:

(date)

Unsigned request will not be considered.

Signature of College Facilities

Coordinator

## North Carolina A&T State University Space Request Form – Attachment A

☐ Teaching Lab	Number of student se	eats?	_ Number of	computers?		
	Lab type?		Wet □	Dry		
	Hazards: List all che etc. Attach a separate			as lasers, corrosi	ves, drill press,	
	Chemicals (list)					
	Processes and specifi	ic hazards (list) _				
	Fumes Hoods:	Number/Size				
	Waste (specify)	☐ Liquid	□ Dry	☐ Biohazar	rd 🗆	Radioactive
	Amount (volume/we					
	Are operations cover			□Yes □N	o Approval	
☐ Research Lab	Number of workstati	ons?		Lab type?	□ Wet □	Dry
	Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.					
	Chemicals (list)					
	Processes and specifi					
	Fumes Hoods:	Number/Size				_
	Waste (specify) L Amount (volume/we			Biohazard	Radioac	tive 🗆
	Are operations cover	ed by an existing	g safety plan?	□Yes <b>■</b> N	o Approval	#
Research Contra	act or Grant Number	Contract/	Grant Effective 1	Dates T	otal \$ Amt. of A	Agreement

Submit request to Roderica Wade-Gaither, rwade@ncat.edu, (336) 285-2591.