

UNTHSC SPACE JUSTIFICATION FORM

All space requests should be submitted to the *Space Utilization Committee* Chairperson.

| Department: | Contact Person: |
|--|---|
| Phone # | Date Space Needed: |
| Requested Space: Bldg: | Room Number(s): |
| Requested Space Current Use: | |
| Requested space: permanent to | emporary If temporary, term of occupancy |
| Space will be used for: | |
| What program will occupy the space: | |
| Does the department need to renovate the ne | w space? Yes \(\square\) No \(\square\) |
| Does the department have the funds to modi | fy the space to meet their demands Yes No |
| The requesting department is responded proposed space request. If construction is needed the department Renovation Request Form to Facilities. The department should identify and head (dean or vice president) prior to the department should justify the request for UNTHSC: | receive funding approval from their divisional administrative |
| | from the divisional head and either Vice President or Dean, |
| Approval of Department Chairman | Approval of Dean/Vice President |
| Approval of Space Utilization Commit | tee |
| For use by Space Committee only | |
| SPACE REQUEST APPROVED | SPACE REQUEST DENIED |
| COMMENTS: | |