SOUTHERN UTAH UNIVERSITY
LEARNING LIVES FOREVER™

SPACE UTILIZATION REQUEST

Submit completed, signed form to Cindy Moxley-Facilities Management, FM101 x8735

Department or office making request:	Date of request:
Description of space being requested: **(please be specific regarding space needs)** Special Needs (i.e., closets, water, special lighting, etc.)**:** Square Footage: Building Name: Room #:	

Justification for request: **(please be specific as to what the space will be used for and indicate if there will be a recommended name change to the space)** Department to which space is currently allocated, if any: _____ *Include a floorplan of the area and any necessary documentation to clarify your request. Link to floorplans: http://suu.edu/ad/facilities/facility-information.html	Request's relation to: [explain all that apply]: Mission and Curriculum_____ _____ Student services _____ _____ Infrastructure _____ _____ Institutional support_____ _____ Public service_____ _____ Auxiliary/ancillary support _____ _____ Tenant space _____ _____ <u>Source(s) of funding for request:</u> Funds from your department: $ _____ _____ _____ _____ _____ Fund Org Program Account Campus Planning Committee funds: $_____

Endorsement statement and signature of Dean or Division Head:

_____
Signature Date

Endorsement statement and signature of Provost or Vice President:

_____
Signature Date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Action of Campus Planning Committee: Approved ___ Disapproved ___ Further Study ___ Tabled ____
Date of action: _____
Reallocate/Rename Space: _____
Comments:

Revised: May 2010