

# UBC OKANAGAN SPACE REQUEST FORM

## Space Allocation or Change in Primary Function

Please save and print form upon completion.

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, <a href="#">contact Space Planning and Management</a> .		
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 plans/diagrams.)		
B. New space will be used for:    Instruction    Research    Administration    Storage    Support    Other If other, please specify:		
C. CFI (research) Eligible Activity:    Yes    No		
D. Space will be used by:    Faculty    Staff    TA    Students    Sessionals    Other If 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 drawings/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 If other, please specify:		



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### III. REQUEST TO CHANGE FUNCTION OF SPACE:

(If more than one room is involved, attach additional page.)

Building:

Room #

Current Room Type:

Requested Room Type Change:

Justification for change:

### IV. 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:

Please save and print the form.

Obtain authorization signatures and forward completed form via email to:

Laural Friesen

[laural.friesen@ubc.ca](mailto:laural.friesen@ubc.ca)

250.807.8557

#### SPACE COORDINATOR USE ONLY

Date request received: \_\_\_\_\_

Request Number: \_\_\_\_\_



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA