

# REQUEST FOR SPACE (NEW/ADDITIONAL)

To be forwarded by the Dean or Vice President in charge of the area requesting space to:  
Karen Lockwood, Office of Facilities Management, Maxcy 224, klockwood@newhaven.edu

## DESCRIPTION OF THE REQUEST:

### I. CONTACT INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

### II. PROJECT LOCATION:

Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

### III. PROJECT SCOPE:

Type of Space:	Type of Project:
Administrative Office	Planning Study
Academic Office	Furnishings
Classroom	Landscaping
Lab	Renovation
Residential	Accessibility
Other (Please specify)	Other (Please specify)

### IV. PROJECT GOALS: Please describe the goals of the project. Use additional enclosure if needed.

### V. PROJECT DESCRIPTION: Describe the major features of the project as well as they key issues that will affect the project such as design quality, format, cost, disruption, schedule etc. Use additional enclosure if needed.

# REQUEST FOR SPACE (NEW/ADDITIONAL)

a. Requested Completion Date:

b. Impact if not approved:

c. Budget Limit (if any): \_\_\_\_\_

**VI. JUSTIFICATION:** How will allocating this space impact the University's goals and strategic plan? Please be as specific as possible.

**VII. SOURCE OF FUNDS:**

Reserves (please specify): \_\_\_\_\_

Seeking Institutional Funds? \_\_\_\_\_

**VIII. AUTHORIZATION:**

Signature of Director or Manager: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean or Vice President: \_\_\_\_\_ Date \_\_\_\_\_