



REQUEST FOR SPACE
REQUEST FOR CHANGE IN OCCUPANCY
REQUEST FOR CHANGE IN ROOM USE
FACILITIES & CONSTRUCTION

(for F&C use only)

Today's Date:

Part I of this form is to be completed any time there is a Request For Space (a request for additional or different space without specific space identified); Part II is to be completed for a Request For Change in Occupancy (the department assignment of a room changes); Part III is to be completed for a Request For Change in Room Use.

Approvals:

- Approval from both Director/Dept. Chair and Dean/VP required for all requests
- UTM C Approval - If space change involves space at the UT Medical Center - approval required from VP and Executive Director, UTM C
- Final Approval - As the final step in the process, any space change (involving Parts I, II or III of this form) requires provost approval as follows:
Main Campus (MC), Scott Park Campus, satellite campuses of MC - approval required from Provost, Main Campus
Health Science Campus (HSC), satellite campuses of HSC - approval required from Provost, Health Science Campus

If a space change involves programs/departments associated (either geographically or administratively) with both MC and HSC, approval is required from both provosts.

Note: If renovations are necessary, initiate a Capital Project Request form after Request For Change in Occupancy is approved.

I. REQUEST FOR SPACE (Attach additional sheets if necessary.) When Part I has been completed (with signatures) forward to Dan Klett, MS216.

Type of Space Requested:
Size of Space Requested: (SF, number of occupants. etc.):
Suggested Location: Responsible Account (Index #):
Describe Need:
Reasons Space is Needed:
Anticipated Date of Need: Typical Hours of Operation
Current Space (if any): Campus: Building: Floor: Room #:

Authorized by: (Director/Dept. Chair) (Name) (Signature) (Date) Authorized by: (VP/Dean) (Name) (Signature) (Date)

II. REQUEST FOR CHANGE IN OCCUPANCY When Part II has been completed (with signatures) forward to Dan Klett, MS216.

Campus: Building: Floor: Room #:
Room Presently Assigned To Faculty/Staff Member: Phone #:
Department: Responsible Account (Index #):
Anticipated date to move out: Is relocation plan complete?

Authorized by: (Director/Dept. Chair) (Name) (Signature) (Date) Authorized by: (VP/Dean) (Name) (Signature) (Date)

Room Being Reassigned To Faculty/Staff Member: Phone #:
Department: Responsible Account (Index #):
Anticipated Date to Move in:

Authorized by: (Director/Dept. Chair) (Name) (Signature) (Date) Authorized by: (VP/Dean) (Name) (Signature) (Date)

III. REQUEST FOR CHANGE IN ROOM USE When Part III has been completed (with signatures) forward to Dan Klett, MS216.

Campus: Building: Floor: Room #:
Present Use Of Room (Please check) Office Instructional Lab Research Lab Patient Room
Clinical Space Conference Room Other (Specify)
New Use Of Room (Please check) Office Instructional Lab Research Lab Patient Room
Clinical Space Conference Room Other (Specify)
Anticipated date of change:

Authorized by: (Director/Dept. Chair) (Name) (Signature) (Date) Authorized by: (VP/Dean) (Name) (Signature) (Date)

UTMC APPROVAL

UT Medical Center Change in Occupancy or Change in Room Use approved by:

Vice President and Executive Director, UTM C: Mark Chastang Date

FINAL APPROVAL

Programs at Main Campus/Scott Park Campus/Satellite Campuses Change in Occupancy or Change in Room Use approved by:

Provost, Executive Vice President for Academic Affairs: Rosemary Haggett, Ph.D. Date

Programs at Health Science Campus/Satellite Campuses of HSC Change in Occupancy or Change in Room Use approved by:

Executive Vice President and Provost for Health Affairs: Jeffrey Gold, M.D. Date

Floor Plan Data Table GIS Tracking (for F&C use only)