



Space Change Form
FACILITIES & CONSTRUCTION

(for F&C use only)
Academic Non-Academic UTMC
Space Change Number:

Date Initiated: Date Received by F&C:

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 Or Physical Modification.

Approvals:

- Approval from both Director/Dept. Chair and Dean/VP required for all requests.
Academic Space Approval - If space change involves academic space, approval required from Provost and Executive VP for Academic Affairs.
Non-Academic Space Approval - If space change involves non-academic space, approval required from Executive VP for Finance and Administration.
UTMC Space Approval - If space change involves space at the UT Medical Center, approval required from Executive VP for Clinical Affairs.
Approval from two or more Executive VP's may be required for requests involving a combination of academic, non-academic and/or UTMC space.

Note: If renovations are necessary, initiate a Capital Project Request form after Space Change Form is approved.

Digital Signature Required: This document is designed to be signed digitally. For digital signature instructions, please click HERE FOR TUTORIAL.

I. REQUEST FOR SPACE (Attach additional sheets if necessary) When Part I has been completed (with signatures) forward to Nicole Baden

Type of Space Requested:
Size of Space Requested (SF, # 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(s):

Authorized by: Date: Authorized by: Date:
Signature 1 (Director/Dept. Chair) Signature 2 (VP/Dean)

II. REQUEST FOR CHANGE IN OCCUPANCY When Part II has been completed (with signatures) forward to Nicole Baden

Campus: Building: Floor: Room(s):
Room Presently Assigned To: Faculty/Staff Member: Phone #:
Department: Responsible Account (Index #):
Anticipated date to move out: Is relocation plan complete? Yes No

Authorized by: Date: Authorized by: Date:
Signature 3 (Director/Dept. Chair) Signature 4 (VP/Dean)

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

Authorized by: Date: Authorized by: Date:
Signature 5 (Director/Dept. Chair) Signature 6 (VP/Dean)

III. REQUEST FOR CHANGE IN ROOM USE OR PHYSICAL MODIFICATION When Part III has been completed (with signatures) forward to Nicole Baden

Campus: Building: Floor: Room(s):
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:

Description of Physical Modification:

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Form Initiated by F&C Approvals Required Authorized by
Floor Plan Data Table GIS Tracking Approval Email

Space Change Form Final Approvals – TO BE COMPLETED BY FACILITIES & CONSTRUCTION

› Authorized by: _____
Signature 7 (VP/Dean)

Date: _____

› Authorized by: _____
Signature 8 (Director/Dept. Chair)

Date: _____

› Authorized by: _____
Signature 9 (Interim Provost & Executive VP for Academic Affairs: Karen Bjorkman, Ph.D.)

Date: _____

› Authorized by: _____
Signature 10 (Interim Executive VP for Finance and Administration: Matt Schroeder)

Date: _____

› Authorized by: _____
Signature 11 (Executive VP for Clinical Affairs: Christopher J. Cooper, M.D.)

Date: _____