

Space Request Form

Submit to SPAC@uhd.edu

		Date
Description of Request (i.e. square footage, Attach proposed floor plans if available	office, classroom, laboratory, etc.)	
Renovation: New Construction:	Fund	ding Information
Date Space is needed		
	Amount ava	ilable <i>if applicable</i>
Proposed Occupant Capacity		
Proposed Location	Room Number	
Will this space be used for Research Yes:	No:	
Requester	Email .	Extension
Chair/Supervisor's Name	Chair/Supervisor's Signature	Date
Dean/Unit Head's Name	Dean/Unit Head's Signature	Date
Vice President's Name	Vice President's Signature	Date
Facilit.	ies Management Use Only	
	Project Type	
O&M: PM:	MEP: Custodial/C	Grds.:
 Space Commit	tee Chair	 Date