

UBC OKANAGAN SPACE REQUEST FORM

Space Allocation or Change in Primary Function

| 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 contact: Campus Planning + Development, Facilities Planning at facilities.planning@ubc.ca | | |
| 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 programs/diagrams): | | |
| B. New space will be used for: Instruction <input type="radio"/> Research <input type="radio"/> Administration <input type="radio"/> Storage <input type="radio"/> Support <input type="radio"/> Other <input type="radio"/> Please specify: | | |
| C. CFI (research) Eligible Activity: Yes <input type="radio"/> No <input type="radio"/> | | |
| D. Space will be used by: Faculty <input type="radio"/> Staff <input type="radio"/> TA <input type="radio"/> Students <input type="radio"/> Sessionals <input type="radio"/> Other <input type="radio"/> 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 <input type="radio"/> No <input type="radio"/> If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams: | | |
| G. Date space is required? Length of time space is required? | | |
| H. Is funding available for this project? Yes <input type="radio"/> No <input type="radio"/> Type of funding: Faculty Budget <input type="radio"/> CFI <input type="radio"/> Other <input type="radio"/> Please Specify _____ | | |
| I. Equipment Will new equipment be placed in this space? Yes <input type="radio"/> No <input type="radio"/> If yes, please complete the Equipment Pre-Purchase Form at: https://facilities.ok.ubc.ca/wp-content/uploads/sites/87/2018/06/equipment58182.pdf An Equipment Pre-Purchase Form is required for each piece of equipment installed. Please print and submit with Space Allocation Request Form. | | |
| III. REQUEST TO CHANGE FUNCTION OF SPACE: (if more than one room is involved, attach additional page) | | |
| Building: _____ Room # _____ Current Room Type _____ (for help with room types, please contact facilities.planning@ubc.ca) Requested Room Type Change _____ Justification for change: | | |
| IV. REQUEST 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: |
| Forward completed form via email to: CP&D, Facilities Planning @ facilities.planning@ubc.ca | | SPACE COORDINATOR USE ONLY Date request received: _____ Request Number: _____ |