

Request for Space

New Mexico State University Office of Space Management Policy: *“All requests for new space or a change in how space is allocated between colleges or other major administrative units (MAU), must be forwarded to the Office of Space Management for analysis and the approval process.”*

CONTACT INFORMATION:		
Requesting Department:	Date:	
Name:	Phone:	Email:
DESCRIPTION OF SPACE NEED:	If you need assistance completing this form or floor plans please do not hesitate to call Space Management at 646-7734, or Email us at car_space@nmsu.edu.	
A. Space will be used for: Instruction <input type="checkbox"/> Research <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> Other <input type="checkbox"/>		
B. Space will be used by: Faculty <input type="checkbox"/> Exempt Staff <input type="checkbox"/> Non-Exempt Staff <input type="checkbox"/> RA/TA <input type="checkbox"/> Students <input type="checkbox"/> Other <input type="checkbox"/>		
C. Have you identified a suitable location for this new space that may be available? Yes <input type="checkbox"/> No <input type="checkbox"/>		
D. If Yes, please describe, using building/room #s or attach drawing/floor plans/diagrams: (If No, please proceed to line “H”.)		
E. If so, have you contacted current holder of the space provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Do they support the concept? Yes <input type="checkbox"/> No <input type="checkbox"/>		
F. Will there need to be any remodeling or enhancements to accommodate your proposed use? Yes <input type="checkbox"/> No <input type="checkbox"/>		
G. If yes, please briefly describe these changes (If more space is needed you may attach additional pages):		
H. Please briefly describe how the space will be used as well as why new/additional space is needed (You may attach drawings/floor plans/diagrams):		
I. Please briefly describe any special requirements for this space including the need for proximity to other facilities (If more space is needed you may attach additional pages):		
J. Date Needed:	Length of time needed:	I&G Eligible Activity: Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Do you have funding available to commit to relocation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
L. Please provide the <u>N</u>et <u>A</u>ssignable <u>S</u>quare <u>F</u>eet (NASF) you are requesting in each category below:		
Total Requested NASF:	Office/Work Room NASF:	Research Lab NASF:
Teaching Lab NASF:	Storage NASF:	Other NASF:
Please Describe Other:		
REQUEST AUTHORIZATION SIGNATURES:		
Department Head:		Date:
Dean/Director/VP:		Date: