Overview: This process is envisioned to address the permanent allocation of space for both Academic, Student support, research, administrative, and institutional support. It is not necessary that first there must be vacant space, though if requested space is not already vacant, significant priority will be assigned to the continuing tenant if the proposal involves involuntary relocation. One-time space use allocation decisions will continue to be made on a first-come-first served, space available basis.

Title of Request: __________________________________________

Date of Request: ______________ Division/Department making Request: ____________________

• General Description of space request:
  (Briefly identify the nature of the space request proposal, what space is being requested, and the operational requirement of the request)

• Current space use:
  (Briefly outline current space allocated to the program, function, etc. If the Program is new, attach program approval supporting documents)

• Challenges from current space use:
  (Briefly identify why/how the current space allocation inhibits the success of the program)

• Alternate solutions not requested:
  (Briefly identify alternative solutions to the challenges identified above and why those solutions are not being sought)

• Proposal Metrics if applicable:
  (Identify what metrics can be used to measure success of the program if this space request is approved, compare to current metrics)

• Alignment with Strategic Plan:
  (Briefly identify how this proposal aligns with the strategic plan for the University, Division, or Department)

• Technology requirements of this proposal:
  (Briefly identify what impact on current technology exists within this space. If this is a critical element of the proposal – ensure UCT adds analysis)
Endorsement:

Requestor:
Name: __________________ Email: __________________ Date: ____________
Phone: _______________ Alternate: ________________

Division/Department/Dean: ____________________________

Vice President: __________________ Signature: __________________________
Approve this request: Y / N (circle one)

SUAS Co-Chair: ________________ Signature: __________________________
SUAS Co-Chair: ________________ Signature: __________________________
Recommendation: _________________________________________________________________
________________________________________________________________________________
Attachments:
1. Shared Governance Space Utilization and Allocation Subcommittee Comments
2. Shared Governance Space Utilization and Allocation Subcommittee Pro/Con listing

FSSC Chair: __________________ Signature: __________________________
FSSC Vice-Chair: ________________ Signature: __________________________
Recommendation: _________________________________________________________________
________________________________________________________________________________