Coppin State University Request for Space

Policy: All requests for new space or a change in space must be forwarded to the University's Space Advisory Committee for the review and approval process. Please complete the form and print or save as a pdf file. E-mail to:

CONTACT INFORMATION:		
Requesting Department:		Date:
Name:	Phone:	Email:
DESCRIPTION OF SPACE NEED:		
1. Space will be used for: OInstruction OResearch OAdministration OStorage OComputer Lab OOther		
2. Space will be used by: OFaculty OAdministrator OStaff OStudents OOther Number of occupants:		
3. Have you identified a preferred space? OYes ONo		
4. If Yes, which building & room no.:		
5. Will you be vacating your current space? OYes ONo		
 Will there need to be any remodeling or enhancements? OYes ONo If Yes, will you require OInformation Technology Services OElectrical Services OConstruction OPainting OOther 		
7. Please briefly describe how the space will b <i>if required)</i>		
8. How will the new space support the University's Goals and/or Department's Strategic Plan:		
9. Will this be a temporary placement? OYes ONo		
10. Do you have funding available to cover the cost related to this request? OYes ONo		
11. Date Needed:		
AUTHORIZATION SIGNATURES:		
Department Head:	OApproved ODisa	approved Date:
Dean/Director:	OApproved ODisa	approved Date:
Vice President:	OApproved ODisa	approved Date:

Planning, Construction, and Information Technology Review/Evaluation Comments:		
Estimates \$:	Date:	
Space Utilization Advisory Committee Recommen	ndation: Date:	
ApproveDeny		
Comments:		

Final Approval