

General Information

The Requestor should assess current space within the department's current inventory to establish a need for unmet space through a new space allocation, space modification or change in space use. This form can be used when requesting support for each of these space needs or changes.

New Space – Use this form to document an expected or impending need for space (both temporary and permanent) that cannot be met within the existing college or department's assignment, either in size, design or space type.

Modifications to Existing Space – Use this form to document a need for modifications to existing space that would require renovation or construction but does **NOT** require a change in space type. (This may include, but is not limited to, adding new equipment, new technology, furnishings, signage, paint, etc.)

Change in Space Use – Use this form to document a need for a change in how the space is currently being used, i.e. lab to classroom, conference room to storage, etc.

Building Exterior or Campus site requests – Use this form to document requests for new memorials, parks, and underground infrastructure coordination so that items can be coordinated with the Campus Master Plan and the Campus Utility Master Plan. This includes coordination of temporary tents and supporting infrastructure/electricity for events. This also includes coordination of exterior elements that attach to the building such as signage, wireless access points, etc.

Once it is determined that a new allocation, space modification, change in space use, or building exterior / campus site requests is required to meet needs, the Requestor shall fill out a Space Request form as follows.

Directions for Form Submission

1. Contact the Senior Building Coordinator.

Contact the **Senior Building Coordinator** to inform them of the space need. Contact **Campus Planning and Space Management** if you need assistance identifying your Building Coordinator.

2. Complete Part I of the Form

Those seeking new space (both temporary and permanent), modifying existing space, changing the proposed space use, and making building exterior or Campus site requests should respond to the requested information for their request type by *only* providing responses to the best of their ability. Additional pages can be submitted with supporting documentation.

Please feel free to contact **Campus Planning and Space Management** at 936-261-1750 if you need assistance or have any questions while filling out the form.

3. Obtain Signatures in Part II-A of the Form

A completed **Space Request Form** should be routed through appropriate channels for signature approvals which include signatures from **Department Head, Academic Dean or Director** and *(if applicable)* **Academic Affairs / Provost**.

4. Submit

Submit form with **Department Head, Dean or Director** and *(if applicable)* **Academic Affairs / Provost** signatures along with any supporting documentation to **Campus Planning and Space Management** via:

- Email completed form and all attachments to: Campus Planning at campusplanning@pvamu.edu or
- Send completed form and all attachments to Room 102, Harrington Science Building, Mail Stop 1307.



5. Campus Planning and Space Management Review

This request will be reviewed and assessed by the **Campus Planning and Space Management**. Please allow up to **72 hours** of submission of your completed request **Campus Planning and Space Management** to respond with a request to schedule a meeting to discuss your form. Our goal is to meet with you, SSC, and/or support vendors and campus entities needed for the success of your initiative. Timing of the review period is dependent on the complexity of your request and the time within the calendar year.

6. Part II-B: Final Authorizations

- Upon completion of the review, funding coordination, and space management coordination if needed, the **Executive Director of Campus Planning and Space Management** signs the request. It is then directed to the **Senior Vice President for Business Affairs** for further approval.

7. Notice to Proceed

Upon receipt of the final signatures, the request shall move forward with feasibility study, program of requirements, work orders, purchase orders, and/or project initiation as authorized. **Campus Planning and Space Management** provides a hand-off sheet to SSC with the scope known to date for further development.



SPACE REQUEST FORM

Part I: Space Request Information

Requesting Department Information

Contact Name:
Phone:
E-mail:
College/Department:

(For Campus Planning Staff use only)

PV Number:

Project Title:

Assigned Staff:

Statement of Benefit / Need / Timeline

(Additional pages can be submitted with supporting documentation.)

Briefly describe the need and anticipated use for the space requested.

What are the benefits (programmatic, financial, etc.) that will occur as a result of having the request granted?

Identify timing needs (i.e. need to move or make modifications to existing space during semester break, in coordination with another activity, etc.).

Request Type

☐ **New Space**

Requested Start Date of New Assignment ____/____/____

Preferred Location

A. Describe the type, number and capacity of space(s) requested.

i. Room Use Description

Type

Number of Occupants

Type of Occupants

Classroom

Conference Room

Assembly/Auditorium

Laboratory

Storage

Office

Other

If more than one space type is needed, please provide additional detail below to include the type of additional spaces needed and the number and type of occupants:

ii. If specific rooms are requested, please indicate building, floor and suite or room numbers.

- iii. List any items that need to be relocated or moved to the new space (i.e., computers, furniture, files etc.)

- iv. What, if any, space will be vacated if a new allocation is made?

- v. If the requested space is needed on a temporary basis, identify preferred start and end dates of the assignment: Anticipated Start Date: / / Anticipated End Date: / /

☐ **Modifications to Existing Space**

- A. Provide information on the location and use of the space to be modified.
 - i. Building:
 - ii. Room #(s):
 - iii. Type of Occupant(s):

- B. Describe in detail the proposed modifications to existing space.

- C. Desired Date of Completion: __/__/____

- D. Has the Senior Building Coordinator been informed of this need and request? ☐ Yes
 Senior Building Coordinator contact information:
 Name:
 Email:
 Phone:

☐ **Change in Space Use**

- A. Provide information on the location and use of the space to be modified.
 - i. Building:
 - ii. Room #(s):
 - iii. Type of Occupant(s):

Present Use of Room:

- ☐ Classroom ☐ Conference Room ☐ Office ☐ Assembly/Auditorium
☐ Laboratory ☐ Special Laboratory ☐ Research Laboratory ☐ Storage
☐ Other

Percentage of Time Space is Presently Used in this Capacity Daily:

Used By: ☐ Faculty ☐ Staff ☐ Student:

New Use of Room:

- ☐ Classroom ☐ Conference Room ☐ Office ☐ Assembly/Auditorium
☐ Laboratory ☐ Special Laboratory ☐ Research Laboratory ☐ Storage
☐ Other

Percentage of Time Space is Presently Used in this Capacity Daily:

Used By: ☐ Faculty ☐ Staff ☐ Student:

Anticipated Date of New Change: __/__/____

Will the change in space use require any modifications (renovation and/or construction)? ☐ Yes ☐ No

If so, please describe in detail the proposed modifications.

List any items that need to be relocated or moved to the new space (i.e., computers, furniture, files etc.).

B. Has the Senior Building Coordinator been informed of this need and request? ☐ Yes ☐ No

Senior Building Coordinator contact information:

Name:

Email:

Phone:

☐ **Building Exterior or Campus site**

A. Provide information on the building or exterior space to be modified.

i. Building:

ii. Building Façade(s):

iii. Site location for proposed campus site modifications. (Attach a map)

B. Are the proposed improvements / changes permanent or temporary?

☐ Permanent ☐ Temporary

C. Describe in detail the proposed modifications to the building exterior or campus.

D. Desired Date of Completion: __/__/____

E. Has the Senior Building Coordinator been informed of this need and request? ☐ Yes ☐ No

Senior Building Coordinator contact information:

Name:

Email:

Phone:

Funding

How much approved funding is available to support this request?:

What is the funding source account number?:



Part II-A: Approval of Request

Department Head, Academic Dean or Director: _____

Date of Approval: ____/____/____

SVP, Academic Affairs or Provost: _____

Date of Approval: ____/____/____

Part II-B: Approval of Request

Executive Director of Campus Planning: _____

Date of Approval: ____/____/____

Senior Vice President for Business Affairs: _____

Date of Approval: ____/____/____

Email completed form and all attachments to:
Campus Planning at campusplanning@pvamu.edu

PVAMU Campus Planning Action

Received by Campus Planning; Date: ____/____/____

Review Meeting Scheduled: ____/____/____

Campus Planning Assigned Staff: _____