**Request for New or Additional Space**

**University of Alaska Anchorage**

**ALL SPACE REQUESTS REQUIRE APPROVAL BY THE PROVOST OR VICE CHANCELLOR**

 **Space Request # \_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned by FPC**

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| **I. CONTACT INFORMATION:** |
| Requesting Department: | Date: |
| Name: | Phone: | Email: |
| **II. DESCRIPTION OF DEPARTMENT:** |
| 1. Is this Request for a new Department or Program?
 | Yes ❒ No ❒ |
| 1. Briefly describe the function of your department.
 |
| 1. Number of full-time faculty \_\_\_\_\_\_, Number of part-time faculty \_\_\_\_\_, Number of staff \_\_\_\_\_,

Number of student workers \_\_\_\_\_ |
| 1. Do you anticipate the number of people in your department increasing within the next two years?
 | Yes ❒ No ❒ |
| 1. If yes, indicate anticipated growth:

Number of full-time faculty \_\_\_\_\_\_, Number of part-time faculty \_\_\_\_\_, Number of staff \_\_\_\_\_, Number of student workers \_\_\_\_\_ |
| 1. How much space do you currently have? (total assignable square feet)
 |
| **III. REQUEST FOR SPACE:**  | If you need assistance completing this form call FP&C at 786-4900 or by email at uaa\_fp&c@alaska.edu. If you need copies of floor plans, they are available on our website at http://fpgis.uaa.alaska.edu/CampusBuildings.htm. |
| 1. Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved:
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| 1. New space will be used for: Instruction ❒ Research/Grant ❒ Administration ❒ Storage ❒ Support ❒

Other, please specify |
| 1. 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?
 |
| 1. Have you identified a suitable location for this new space that may be available?
 | Yes ❒ No ❒ |
| 1. If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams:
 |
| 1. Have you contacted current holder of the space? Yes ❒ No ❒
 | Do they support the concept? Yes ❒ No ❒ |
| 1. Date Needed
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| 1. Provide information on any time constraints that may affect the timing of allocation of the space.
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| **REQUEST AUTHORIZATION SIGNATURES** (the signatures below indicate agreement that the space request should be investigated. Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.) |
| Department Chair or Director: | Date: |
| Comments: |  |
| Dean/Assoc or Assoc. VC: | Date: |
| Comments: |  |
| Provost/Vice Chancellor: | Date: |
| Comments: |  |

**Forward this completed form with the proper signatures and supporting documents by email to the Facilities Planning & Construction at uaa\_fp&c&Alaska.edu**

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| **FACILITIES PLANNING & CONSTRUCTION ACTION** |
| Date Space Request received:  |
| Date Plans received: |
| Date Space Assessment completed: |
| Date additional information requested: |
| Less than $50,000, within existing Dept. space & Dept. Funded – forward to Facilities for action |
| Over $50,000, involving Non-Dept space or Non-Funded – forward to FSPC for recommendation and then to Chancellor’s Cabinet for approval |
| Date FPC forwards space assessment, completed form and plans to the FSPC:  |

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| **FACILITIES SPACE PLANNING COMMITTEE (FSPC) ACTION** |
| Date reviewed by Committee: |
| Action recommended by Committee: |
| Date Forwarded to Cabinet for Action: |