

Space Request and Assessment Form

NMSU Facilities Space Planning Policy: All requests for new space or changes in allocation between colleges or other major administrative units (MAUs) must be submitted to Facilities Space Planning for analysis and approval by the University Space Committee.

If you need assistance completing this form or requesting space plans, please do not hesitate to call Facilities Space Planning at 646-7734 or email space-mgt@nmsu.edu.

SECTION I: REQUESTOR INFORMATION

Requesting Department:

Date:

Name:

Phone:

Email:

SECTION II: SPACE REQUEST DETAILS

AiM Customer Request #: (Required)

What best describes your space needs? (Select A, B, C, D, or E)

A) Simple Move (Within the department or MAU)

Note: This type of move requires only the Requester's Signature.

Within the Department

Within the Major Administrative Unit

B) Non-Simple Move (Transfer of space between different MAUs)

Note: This type of move requires:

- The Requester's Signature and the Current Space Administrator's Signature.
- An agreement letter from the Current Space Administrator.

C) FICM Code Update (Changes to location(s) types based on primary use)

Note: This type of request requires only the Requester's Signature.

D) Room Capacity Assessment (Existing inventory only)

Note: This type of request requires only the Requester's Signature.

E) Request for Additional Space (Reassignment of existing inventory only)

Note: This type of move requires the Requester's Signature, the Current Space Administrator's Signature, and a Justification/Needs Letter. [Justification Memo Template](#).

Existing Program

New Program

Note: For new construction or capital improvement projects, please submit [Project Request Form](#) with the FS Project Development and Engineering at fsprojects@nmsu.edu.

SECTION III: LOCATION INFORMATION

For multiple locations, please attach a supplemental spreadsheet. Fill out only the information that applies to the request type.

Building Name & Number:

Room Number:

Current FICM Code:

Proposed FICM Code:

(Example: 310 for Office, 250 for Research Lab)

Current Capacity:

Proposed Capacity:

Primary Use & Percentage:

(Example: 50% Instruction & 50% Sponsored Research or 100% Instruction)

Note: Multiple primary uses are permitted, but they must total 100%

Additional Requested Net Assignable Square Feet (NASF) (For request type E only):

Briefly describe the need for additional space, special requirements, funding for transition, or any additional information that will help this request:

SECTION IV: EMPLOYEE INFORMATION

For multiple employees, please attach a supplemental spreadsheet

Employee Name:		New Employee	Existing Employee
Aggie ID:	Email:	Employee Type: (Example: A1 – Faculty FT Reg – Academic)	
Moving From:	Room:	Effective Move-in Date:	

SECTION V: AUTHORIZATIONS & SIGNATURES

The signatures below authorize Facilities Space Planning to proceed with the analysis of this request; they do not guarantee final approval.

1. REQUESTER: (All Request Types, A-E)

I certify that the information provided is accurate and that this space request aligns with our department's strategic needs.

Role:	Department Head	Director	Dean	VP
Signature:	Printed Name:		Date:	

2. CURRENT SPACE ADMINISTRATOR: (Non-Simple Moves, B; Req. for Additional Space Only, E)

I agree to the transfer or reassignment of the specified location(s) and have provided the required Agreement or Justification/Needs letter.

Role:	Department Head	Director	Dean	VP
Signature:	Printed Name:		Date:	

3. FACILITIES SPACE PLANNING / UNIVERSITY SPACE COMMITTEE: (Internal Use Only)

Decision:	Approved	Denied	Pending Information
Signature:	Printed Name:		
Position title:		Date:	