NM STATE UNIVERSITY

Facilities Space Planning
Submit the form via email to space-mgt@nmsu.edu
Office of University Architect & Space Management
MSC 3545, New Mexico State University
P.O. Box 30001, Las Cruces, NM 88003-8001

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: _____

Point of Contact: 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)

☐ **Within the Department**
Note: Req. Dept./MAU Admin signature only

☐ **Within the Major Administrative Unit**
Note: Req. & Rel. Dept./MAU Admin signatures required

☐ **B) Non-Simple Move** (Transfer of space between different MAUs)
Note: This type of move requires the Requesting and the Releasing Dept./MAU Space Admin Signatures and an agreement letter from the Releasing Dept./MAU Space Administrator.

☐ **C) FICM Code Update** (Changes to location(s) types based on primary use)
Note: This type of move requires only the Requesting Dept./MAU Administrator signature.

☐ **D) Room Capacity Assessment** (Existing inventory only)
Note: This type of move requires only the Requesting Dept./MAU Administrator signature.

☐ **E) Request for Additional Space** (Reassignment of existing inventory only)
Note: This type of move requires the Requesting and the Releasing Dept./MAU Space Admin Signatures 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.

Building Name & Number: _____ Room Number: _____

Primary Use & Percentage: _____
(Example: 50% Instruction & 50% Sponsored Research or 100% Instruction)
Note: Multiple primary uses are permitted, but they must total 100%

Current FICM Code: _____ Proposed FICM Code: _____
(For request **type C** only)

Current Capacity: _____ Proposed Capacity: _____
(Example: 310 for Office, 250 for Research Lab)
(For request **type D** only)

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

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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: _____
(Existing employee(s) only)

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. REQUESTING DEPARTMENT/MAU SPACE ADMINISTRATOR: (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. RELEASING DEPARTMENT/MAU SPACE ADMINISTRATOR: (For request types **A [within MAU], B, 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: _____

Reset Form