



# Request for Space

**New Mexico State University Facilities Space Planning Policy:** All requests for new space or a change in how space is allocated between colleges or other major administrative units (MAU) must be forwarded 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 646-2509, or Email us at [space-mgt@nmsu.edu](mailto:space-mgt@nmsu.edu).

## SECTION 1: REQUESTOR INFORMATION

Requesting Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## SECTION 2: SPACE REQUEST DETAILS

<b>Work Order #:</b> _____ (required)		
<b>Space will be used for:</b> <input type="checkbox"/> Instruction <input type="checkbox"/> Research <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> Other: _____		
<b>Space will be used by:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Exempt Staff <input type="checkbox"/> Non-Exempt Staff <input type="checkbox"/> RA/TA <input type="checkbox"/> Students <input type="checkbox"/> Other: _____		
<b>Have you identified a suitable location for this new space that may be available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, describe location using building/room #'s or attach drawing/space plans/diagrams:</b>		
<b>If Yes, have you ever contacted current holder of the space provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do they support the concept?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will there need to be any remodeling or enhancements to accomodate your proposed use?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, complete a Project Request Form (PRF) for a budgetary estimate. No charge to index.</b>		
<b>Do you have funding available to commit the relocation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is PRF required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is PRF attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Briefly describe how the space will be used as well as why new/additional space is needed</b> (You may attach drawings/space plans/diagrams):		
<b>Briefly describe any special requirements for this space including the need for proximity to other facilities</b> (If more space is needed, you may attach additional pages):		
<b>Date needed:</b> _____ <b>Length of time needed:</b> _____ <b>I&amp;G eligible activity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please provide the Net Assignable Square Feet (NASF) you are requesting in each category below:</b>		
Total Requested NASF: _____ Office/Work Room NASF: _____ Research Lab NASF: _____		
Teaching Lab NASF: _____ Storage NASF: _____ Other NASF: _____		
Please describe other:		

## SECTION 3: REQUESTOR APPROVAL

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Dept Head/Director ☐ Dean/VP

## SECTION 4: OFFICIAL APPROVAL (INTERNAL DEPARTMENT)

Space Committee Approval Date: \_\_\_\_\_  
Fast Track Approval Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Chancellor/Provost