



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 the Office of 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 The Office of Space Planning at 646-2525, or Email us at space-mgt@nmsu.edu.

SECTION 1: REQUESTOR INFORMATION

Requesting Department: _____ Date: _____
Name: _____ Phone: _____ E-mail Address: _____

SECTION 2: SPACE REQUEST DETAILS

Work Order #: _____ (required)

Space will be used for: Instruction Research Administration Storage Support Other: _____

Space will be used by: Faculty Exempt Staff Non-Exempt Staff RA/TA Students Other: _____

Have you identified a suitable location for this new space that may be available? Yes No

If Yes, describe location using building/room #'s or attach drawing/space plans/diagrams:

If Yes, have you ever contacted current holder of the space provided? Yes No

Do they support the concept? Yes No

Will there need to be any remodeling or enhancements to accommodate your proposed use? Yes No

If yes, complete a Project Request Form (PRF) for a budgetary estimate. No charge to index.

Do you have funding available to commit the relocation? Yes No

Is PRF required? Yes No Is PRF attached? Yes No

Briefly describe how the space will be used as well as why new/additional space is needed
(You may attach drawings/space plans/diagrams):

Briefly describe any special requirements for this space including the need for proximity to other facilities
(If more space is needed, you may attach additional pages):

Date needed: _____ Length of time needed: _____ I&G eligible activity: Yes No

Please provide the Net Assignable Square Feet (NASF) you are requesting in each category
below: 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