



**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 646-2525, 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 accomodate 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**

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