

Appendix 8.3.

| SPACE CHANGE REQUEST | | | |
|--|--|-----------------|------|
| Instructions: Please provide information requested in each section below. Guidelines used by the Space Management Subcommittee to evaluate your request are indicated under "Guideline for Completing the Space Change Request form". Submit completed form to Facilities Planning and Construction, Bungalow L. | | | |
| ORGANIZATIONAL UNIT | | PHONE EXTENSION | |
| DEPARTMENT HEAD (Please Print) | | SIGNATURE | DATE |
| SPACE REQUEST: | | | |
| | | | |
| | | | |
| RATIONALE FOR REQUEST (Please attach additional pages): | | | |
| | | | |
| | | | |
| HOW IS THIS NEED CURRENTLY BEING MET? | | | |
| | | | |
| | | | |
| ITEMIZE BUDGETED POSITIONS (Including source of funding) that will use proposed space: | | | |
| | | | |
| | | | |
| ITEMIZE RENOVATION EXPENSE (attach cost estimate from Facilities Services if appropriate and indicate funding source): | | | |

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|--|------------------|--|-----------------|--|
| TIMELINE: | Begin Renovation | | Begin Occupancy | |
| APPROVAL BY ITS (as appropriate) | | | DATE | |
| APPROVAL BY DEAN OR SENIOR MANAGER | | | DATE | |
| ACTION TAKEN BY SPACE MANAGEMENT SUBCOMMITTEE: | | | | |
| | | | | |
| CHAIR, SPACE MANAGEMENT SUBCOMMITTEE | | | DATE | |