



Space Request Form

Official use only

Date received:

Requester Information:

Requester name	Department	
Position	E-mail	
Contact person	Phone	Date

Space Request Details

This request is for: (select all that apply)

Change of Space Function
 New space
 Temporary space

Space Type(s) (i.e., Office, Classroom)

Briefly describe your space need and justification (how your request benefits the University): *

List timeframe: From: To: Permanent Need:

List any special requirements needed (i.e., location, access, equipment, adjacencies) *

Have you identified specific space?

No, I would like to consult with the Facilities Planning Office
 Yes, Which building/room(s):

Will any space be vacated as a result of this request?

No
 Yes, Which Room(s):

Is funding available for any necessary improvements? Yes No

Dean or Director Authorization

I approve this request for consideration by the University Space Committee

Date

FP&C Contact Information

Name: Edward Ramos, Jr. e-mail: eramos@ilstu.edu Phone: (309) 438-8606

*Please provide additional information on separate sheet if needed.