North Seattle College District Request for New or Additional Space

ALL SPACE REQUESTS REQUIRE APPROVAL BY THE SUPERVISING DEAN/DIRECTOR AND VICE PRESIDENT

I. (CONTACT INFORMATION:				
Requesting Program and/or Service:				Date:	
Name:		Phone:		Email:	
II.	DESCRIPTION OF DEPARTMENT:				
	Is this Request for a new program and/of If yes, attach evidence that the new program artach evidence that the modern (PPA) addresses program/service growth.	gram and/or service has been approve st recent annual or comprehensive pa h and corresponding physical space a	rogram pla	nning and assessment	Yes No
	Briefly describe the function of your pro				
C.	Number of full-time faculty, Nu Number of student workers or students		ımber of sta	aff,	
D.	Do you anticipate the number of people	in your program and/or service incre	easing with	in the next two years?	Yes 🗌 No 🗌
E.	If yes, indicate anticipated growth:				
Nu	mber of full-time faculty, Number	er of part-time faculty, Number	er of staff _	, Number of studen	t workers
F.	How much space do you currently have	? (total assignable square feet)			
III.	REQUEST FOR SPACE:				
A.	Describe why new/additional space is no goals in the strategic plan. Attach supported additional space is not approved.	orting documents if appropriate. Add	dress the in	nplications to your progr	
В.	New space will be used for: Instruction Student Services Administration Storage Research/Grant Other, please specify				
C.	What attempts have been made to locate solve this need? Have shared space pos		ocation? H	as under utilized space b	peen assessed to
D.	Have you identified a suitable location to	for this new space that may be availa	ble?		Yes 🗌 No 🗌
E.	If yes, describe, identify building/room appropriate.	#s or attach drawing/floor plans/diag	grams. Atta	ach additional supporting	g documents if
F.	Does the request impact space currently programs and/or services?	being utilized by other Yes No No	If yes	, in what ways does the progra	request impact other ams and/or services?
G.	Date Needed				

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Recommendation to proceed does no		RECOMMENDATION SIGNATURES (The signatures below indicate agreement that the space request should be considered. Recommendation to proceed does not indicate a guarantee of space for the purpose outlined in this request.)				
Director/Dean/Supervisor:	Signature:	Date:				
Comments:	· · · · · · · · · · · · · · · · · · ·					
Vice President:	Signature:	Date:				
Comments:						
Committee Chair	n the proper signatures and supporting documents b	by email to the Space Allocation				
SPACE ALLOCATION COMMI	TTEE ACTION					
Date reviewed by Committee:						
Action recommended by Committee	:					
Signature of Committee Chair:						
Date Forwarded to Vice President o	f Administration for Action:					
VICE PRESIDENT OF ADMINIS	STRATION ACTION					
Date reviewed by VP:						
Action recommended by VP:						
Signature of VP:						
Date Forwarded to President for Dec	cision:					
PRESIDENT DECISION						
TRESIDENT DECISION						
Date reviewed by President:						
Decision by President:						
Signature of President:						

H. Provide information on any time constraints that may affect the timing of allocation of the space.

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