

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

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:

Forward this completed form with the proper signatures and supporting documents by email to the Space Allocation Committee Chair

SPACE ALLOCATION COMMITTEE ACTION

Date reviewed by Committee:

Action recommended by Committee:

Signature of Committee Chair:

Date Forwarded to Vice President of Administration for Action:

VICE PRESIDENT OF ADMINISTRATION ACTION

Date reviewed by VP:

Action recommended by VP:

Signature of VP:

Date Forwarded to President for Decision:

PRESIDENT DECISION

Date reviewed by President:

Decision by President:

Signature of President:

Date of Decision: