



*Prior to completing this form, please review the Lincoln University Space Committee (LUSC) Operating Guidelines.*

**Date:** \_\_\_\_\_

Requests for new space, reallocation of space, or change in use of space must be submitted to the LUSC using the space request form. The form must be signed by the appropriate Vice President or the Dean of the Faculty. **Completed forms with all signatures must be submitted by the 1<sup>st</sup> of each month.**

**Instructions:** Complete all portions of the form that pertains to your requirements. Incomplete forms may be returned to the requestor.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Type of Request:**

- Request for new space
- Reallocation of existing space
- Change in use of space

**Description:** (Provide a succinct description of your space request. Include number and type (office, lab, conference, classroom) of spaces/people required to be accommodated. What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to meet current programs needs, and/or other reasons.)

**Strategic Plan:** How does this request relate to the university's and your department's strategic plans?

**Funding:** Provide funding details associated with this request. Document existing or pending funding sources for this request. Rental space requests should include the lease duration, square footage, and annual cost.

**Proximity:** Indicate other departments, organizations, programs or functions which should be in proximity to the requested space and why?

**Parking / Transportation:** Describe any special parking and transportation access needs.

**Special Accommodations:** Describe any special ADA accommodations relative to this request.

**Other:** Any other information that will support this space request.

Request No.:  
(to be completed LUSC)

# Space Request Approval Form

## Approvals and Reviews:

Submitted / endorsed by: \_\_\_\_\_ Name of Department / Unit contact Person & Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept./Unit head: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Vice President or Dean of the Faculty \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Will the unit department head or dean appear before the committee?

- Yes  
 No

*Submit approved request to Ms. Jacquenette McNeil, in the Office of the Provost, by the 1<sup>st</sup> of each month*

Reviews:

Approved  Not Approved

Building Coordinator (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Facilities/VP Finance and Administration (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Chair of LUSC (Signature) \_\_\_\_\_ Date \_\_\_\_\_

### For Committee Use Only

Notification Memo Sent to Requestor Date \_\_\_\_\_

Copy Sent to Unit Head Date \_\_\_\_\_

Copy Sent to VP/Dean Date \_\_\_\_\_

Request No.: \_\_\_\_\_  
 (to be completed LUSC)