Request For Assignment of UTSA Building Space – Single Room

This form must be submitted by department requesting assignment or reassignment of an existing room at UTSA. This form should be initiated by the Requestor, forwarded to the Departmental Chair or Director for preliminary approval. If executed, it will be forwarded to the Office of Space Management who will analyze request, and will forward along with recommendations to the Provost and Vice President for Academic Affairs for approval.

Approval of this form does not guarantee assignment of the requested building space. Approval only indicates that if appropriate space does become available, this requestor will be included in the deliberations to reassign the available space.

1. REQUESTOR
   Requestor’s Name: ______________________________________________________
   Requestor’s Title: ______________________________________________________
   Requestor’s Phone: _____________________________________________________
   Requestor’s Dept.: _____________________________________________________
   Type of Space: □ Office □ Teaching □ Meeting □ Storage
                  □ Other (Describe): ____________________________________________

   Signature/Date

2. PROPOSAL
   a. Why is the space being requested? _______________________________________
      ________________________________________________________________
   b. How large of a space is being requested? ________________________________
   c. What is the anticipated time the space is needed? _______________________
   d. What is the most favorable location for the space? ________________________
   e. What is the intended use for the space? _________________________________
   f. What is the name and title of staff that will be using the space? _____________
   g. Is the staff currently employed or to be hired? __________________________
   h. Is the staff full-time or part-time? _____________________________________

3. DEPARTMENTAL CHAIR – PRELIMINARY APPROVAL
   I authorize additional time be spent to investigate this space request.

   Department Chair (printed name)  Signature/Date
4. OFFICE OF SPACE MANAGEMENT – APPROVAL
   I have reviewed this request, and make the following recommendation:

   This request is forwarded to the Provost, and I believe ☐ is a reasonable request ☐ is not a
   reasonable request, and I ☐ recommend approval with the following conditions ☐ do not
   recommend approval for the following reasons:

   ____________________________________________
   ____________________________________________
   ____________________________________________

   Director, Office of Space Management (printed name)   Signature/Date

5. PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS – APPROVAL
   This requested assignment/reassignment of space is ☐ approved as submitted ☐ approved with the
   following conditions ☐ not approved for the following reasons:

   ____________________________________________
   ____________________________________________
   ____________________________________________

   Provost and Vice President for Academic Affairs
   (printed name)   Signature/Date