# **Space Request Form**

The information provided in this document will be used to evaluate space requirements for divisions, departments and faculties at Thompson Rivers University needing new work space or preparing for renovations to existing work space.

For all new space requests, an analysis will be conducted to ensure that your current space is being used as efficiently and effectively as possible. Space allocations will be made in accordance with the Guidelines for Office, Classroom and Research Space Allocation Policy. Please note that allocations may be limited by existing facility configuration and availability.

Please complete the following information and submit the completed form to Denis Powers, Chair of the Space Committee on the Kamloops Campus (dpowers@tru.ca).

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| **REQUEST FOR SPACE** |

Date: Select date.

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| --- | --- | --- |
| Name of Requestor  | First Name | LastName |
| Department  | Your Department |
| Division | Division |
| Current Location | Location |

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| **Background: Please provide an outline of why extra space is needed.** |
| **Begin with background – why extra space is needed** |
| **Please list any infrastructure or equipment requirements.** |
| **List of infrastructure or equipment needs**. |
| **Description of Functions & Activities: Please outline the nature of work being performed by your unit. Please provide any relevant program schedules, hours of operation, information about # of visitors/day etc.**  |
| **Description of the nature of work performed by Unit****Relevant Program Schedule** |
| **Preferred Adjacencies: Please provide information about critical or preferred adjacencies with other units or services. Indicate whether individuals or groups can function in alternate locations.**  |
| **List critical adjacencies; followed by preferred** |
| **Other Considerations: Are there any relevant strategic planning parameters that we should be taken into consideration?** |
| **Other considerations (strategic planning)?** |
| **Additional Relevant Information** |
| **Additional Info** |

 Please complete the Space Inventory Requirements spreadsheet and include as an attachment to this request form.

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| **Signature of the Requestor** |
| Enter signature here |
| Signature of the Department Dean or Director  |
| Signature of Dean or Director |