

**THE UNIVERSITY OF SOUTH ALABAMA
SPACE ALLOCATION FORM**

INSTRUCTIONS: check appropriate action in section 1; complete sections 2, 6 and 7 for all actions; complete sections 3 through 5 as applicable. Submit all copies of form to dean or other approving authority for signature. Dean will forward form to the Chair of the University Space and Facilities Committee. A copy will be returned to the requestor on approval by the committee.

SECTION 1 ACTION REQUESTED

Assignment / Reassignment Modification Room Use Change Release

Department:	Requestor:
College or Division:	Account Number:

SECTION 2 SPACE REQUIREMENTS

Building Name:		Building Number:
Floor(s):	Room Number(s):	Date Required:
Total NASF or GSF Required:		Student Stations Required:

Indicate Number of Rooms Required:

Classroom	Research Laboratory	Reception / Waiting	Office Service
Classroom Service	Laboratory Service	Patient / Treatment	Conference
Class Laboratory	Data Processing	Office	Other

SECTION 3 MODIFICATION REQUIREMENTS

Describe any needed modifications or special requirements. Attach additional pages, drawings, or specifications necessary to fully describe modifications. List equipment to be installed by the University.

Source of Funds:	Date Modification Required:
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SECTION 4 ROOM TYPE CHANGE

From: _____ To: _____

SECTION 5 RELEASE ONLY

Date of Release: _____

SECTION 6 REASON FOR REQUEST

SECTION 7 CERTIFICATION	SECTION 8 APPROVAL
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Requestor Date _____	Chair, University Space and Facilities Committee Date _____
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