



University of Connecticut

OFFICE OF UNIVERSITY PLANNING
SPACE REQUEST FORM

I. OVERVIEW

This form initiates the process of requesting University space. The space inventory managed by University Planning is the official record of space assignments. Requests require review and written approval prior to implementation. The review process will take a minimum of two months from date of receipt of this form.

Note: All Space Requests for departments in the Division of Student Affairs must include a Student Affairs Capital Assets Planning Committee approval designation before the request will be considered.

II. COMPLETE THE FOLLOWING

Administrative Unit:

Date:

Requester/Contact Name:

Phone:

Position:

E-Mail:

Space Requested: Brief Description of space required. (Include SQ. FT. if possible)

Is the Space Inventory up to date? If not, please provide and attach updated information.

Current Building Location/and campus:

Preferred Building location:

Room number(s) of space vacated as part of this request:

Room number(s) of space requested (Include departmental impact that may result from this request and rationale for desired location):

Nature of the Request (check one of the following):

Permanent Assignment:

Temporary Assignment:

Interim/Swing Space:

Demolition:

Date Required:

(Month)

(Day)

(Year)

Until:

(Month)

(Day)

(Year)

If the request is for temporary or swing space, please indicate the condition(s) by which space reverts back to the university space inventory for reassignment:

### III. PROGRAM JUSTIFICATION

Provide justification for this space request and include the following: alignment with the University's Academic Plan, Master Plan, Health and Safety issues and/or additional information that will support this request:

Please attach a detailed Space Summary, if available. This information will assist in the evaluation of your space request.

### IV. OTHER CONSIDERATIONS

Are there parking or transit issues that should be considered as part of the request?  
If yes, please provide business related justification.

Please attach a copy of the Administrative Head's most recent organizational chart.

### V. SIGNATURES & SUBMISSION

Administrative Head:

Date:

**Submit to:** [space@uconn.edu](mailto:space@uconn.edu)  
**University Planning, Unit 3143**

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**For University Planning Use ONLY**

Date Received: OUP Log No.

Request reviewed by:

Recommendation/Conditions:

Will renovation be necessary to fulfill this space request?

Transmittal Date to Provost:

Date of Action by the Provost:

Action Taken:

Signature:

Date:

Date of communication back to requester: