

BOURNS COLLEGE OF ENGINEERING

SPACE REQUEST FORM

DEANS OFFICE USE ONLY	REQUEST NUMBER		FINAL STATUS		SOLUTION BLDG/RM#	
-----------------------	-------------------	--	-----------------	--	----------------------	--

REQUESTOR CONTACT INFORMATION			
NAME		TITLE	
EMAIL		PHONE #	
DEPARTMENT		DATE	

OFFICE SPACE						
OCCUPANT(s) NAME(s):						
REASON FOR CHANGE (e.g., new faculty):						
Will this be <i>in addition to</i> or a <i>replacement for</i> existing space?						
	Room Use (e.g., faculty office, staff office, etc.)	BUILDING	ROOM #	ASF	IF SHARED (%)	# PORTS
Describe Current Space Features						
Describe Desired Space Features						

LABORATORY SPACE											
OCCUPANT(s) NAME(s):											
REASON FOR CHANGE											
	BUILDING	ROOM #	ASF	SHARED (%)	# PORTS	TYPE (dry/wet)	# FUME HOODS	# BSC	# LAMINAR HOODS	# 208V	# 480V
Describe Current Space/Features											
Describe Required Space/Features											
Describe Desired Space/Features											

DEPARTMENTAL APPROVAL	
CHAIR'S NAME:	DATE:
CHAIR'S SIGNATURE:	

BOURNS COLLEGE OF ENGINEERING SPACE REQUEST FORM

JUSTIFICATION FOR NEW SPACE (please attach or insert below)

FOR DEAN'S OFFICE USE ONLY

Date received	MM/DD/YY	Date Entered	MM/DD/YY	Date finalized	MM/DD/YY
----------------------	----------	---------------------	----------	-----------------------	----------

PROPOSED SOLUTION(S)

ROUTING	SIGNATURE	STATUS	REQUEST #	
Souder			COMMENTS:	
Matsumoto				
Abbaschian				

Status: A=Approved, R= Revised and Returned, D=Denied