## Space Request Form

### Requestor Information

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<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Title:</td>
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<tr>
<td>Department:</td>
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<tr>
<td>Email address:</td>
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<td>Phone:</td>
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### Space Request Details

Briefly describe your space need (i.e. program expansion, staff recruitment):

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<tr>
<th>Space Type (i.e., Office, Classroom, Lab):</th>
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This request is for: (Select all that apply)
- [ ] Change of Space Function
- [ ] New Space
- [ ] Relinquishment
- [ ] Temporary Space – List timeframe: From: ________ To: ________

List any special requirements needed (i.e., location, access, equipment, adjacencies)

Have you identified specific space?
- [ ] No, I would like to consult with the Campus Planning Office
- [ ] Yes. Indicate which room(s)

Will space be vacated as a result of this request?
- [ ] No.
- [ ] Yes. Indicate which room(s)

### Dean or AVP Authorization

I approve this request for consideration by the Space Working Group and Project Review Committees

Signature: __________________________

Printed Name: __________________________   Date: __________________________

Please scan and email complete form to Campus Planning at campusplanning@kennesaw.edu

Campus Planning Office Use Only   Request #:   Date Received: