Space Request Form / Change of Room Type / Function



DIRECTIONS:

- Complete Sections A and F for <u>all</u> requests.
- Complete Section B for a request for additional space.
- Complete Sections C and D if refurbishment is required.
- Complete Section E for change of type/function of space <u>only</u>.
- Requests are required to comply with the University's Space Management Policy, supported by the University's Space Management and Allocation Guideline and Procedure
- Email completed form to Infrastructure and Facilities Services, Campus Strategy, at space@newcastle.edu.au

A. CONTACT INFORMATION:		
Requesting Unit:		Date of Request:
Contact Name:	Contact Email:	Contact Phone:
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B. REQUEST FOR ADDITIONAL SPACE:		
1. Why is additional space needed? W	hat are the implications if alloc	ation of additional space is not granted?
2. How does this request align to the I	University's Strategic plan and t	to your plan?
Space will be used for: Teaching Res	earch Office Storag	e 🗆
Have you identified a suitable additional spa	ce that may be available?	Yes No 🗆
Provide building name, room number(s).		
Is the space is currently allocated?	Yes 🗌 No 🔲	
Have you contacted the current space alloca		
Do they support the concept?	Yes 🗆 No 🗖	
When is space needed?		

Contact 16500@newcastle.edu.au if building floor plans are required.

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If refurbishment of the space is required, please complete Sections C and D below. Also complete Section E if room type and/or function will be changing.

C. REQUEST FOR REFURBISHMENT
Provide building name and room number(s). Attach concept drawings/floor plans if applicable.
Why is the refughishment needed? What are the implications if the refughishment is not approved?
Why is the refurbishment needed? What are the implications if the refurbishment is not approved?
Describe refurbishment needed in detail. Address special requirements.
Space will be used for: Teaching Research/Lab Office Storage Storage
When does the work need to be completed?
Contact 16500@newcastle.edu.au if building floor plans are required.
Complete Section D regarding funding.
Complete Section E if room type/function will be changing.
D. FUNDING INFORMATION:
What is the source of funds for the refurbishment?
How much is available to commit to the project?

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E. REQUEST TO CHANGE TYPE/FUNCTION OF SPACE: Please list all rooms involved
Building:
Room Number:
Current Space Use:
Requested Space Use Change:
Justification for change:

Contact 16500@newcastle.edu.au if building floor plans are required.

F. AUTHORISATION SIGNATURES	Signature approval must be obtained from Head of School, Director or equivalent prior to submitting to IFS Campus Strategy. (Signatures indicate agreement that the space request should be investigated, not approved.)
Submitted by:	
Supported/Approved by:	
Position of Approver:	
Date:	