



SPACE ALLOCATION REQUEST

Directions:

- Submit a Space Allocation Request for any project or program change requiring a change in space use or type.
- Complete Sections A, B, and C for all requests.
- Forward to your Division Chair/Director, Dean or Division VP for authorization (Section D).
- Forward completed form to the AVP Campus Planning & Facilities for review and routing for approvals (Section E).

A. REQUESTOR INFORMATION		
Requesting Dept/Unit:	Date of Request:	
Contact Name:	Contact Phone:	Contact Email:

B. CURRENT / EXISTING SPACE				
Provide building name and room number(s). Attach concept drawings/floor plans. Contact pcs@westga.edu for PDF floor plans. It is not necessary to provide detailed plans as PCS will determine feasibility, code issues, and engage architectural services where needed.				
Building Name:				
<i>Please list below all room numbers impacted by this change (Attach additional spreadsheet as required)</i>				PCS USE ONLY
Room Number	Current Owner/Holder	Current Use	HEGIS Code	ASF

C. REQUEST TO CHANGE FUNCTION OF SPACE <i>(Attach additional sheets or supporting information as required)</i>				
Description of proposed change:				
Justification:				
If space is currently occupied by another department, have you contacted current holder of the space? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			Do they support the concept? <input type="checkbox"/> YES <input type="checkbox"/> NO	
When is the space needed?		Will any current space(s) be vacated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Please list below all room numbers impacted by this change (Attach additional spreadsheet as required)</i>				PCS USE ONLY
Room Number	Proposed Owner/Holder	Proposed Use	HEGIS Code	ASF

A PROJECT PROPOSAL APPROVAL FORM MUST BE SUBMITTED IF RENOVATION OF THE SPACE IS NEEDED.

D. AUTHORIZATION SIGNATURES <small>(Signatures indicate agreement that the space request should be investigated, not approved)</small>
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Program Coord. / Dir.: _____ Date: _____
(Name/Title)

Dean / VP: _____ Date: _____
(Name / Title)

E. APPROVAL SIGNATURES

Brendan Bowen, AVP Campus Planning & Facilities: _____ Date: _____

Dr. David Jenks, Interim Provost and VP Academic Affairs: _____ Date: _____

Annemarie Eades, VP Administrative Services: _____ Date: _____