



# SPACE CHANGE and MOVE FORM

Submit completed form to und.facilities@und.edu

**Current Space:** Identify the existing location/room(s) allocated to your department.

Building Name	Room #	Dept #	Dept. Name	Will the space be vacant? (Yes or No)	Is this a change in NCES Usage Code? (Yes or No)

**Future Space:** Identify the new room(s) allocated to your department or the change in NCES Usage Code.

Building Name	Room #	Dept #	Dept. Name	NCES Usage Code	Room Occupant (Director, Grad. Student, etc.)

If the room is for research and uses codes 250, 252, 255, 260, 265, 271 or 273-290, complete the following:

Type of research conducted:     Sponsored     Institutional     Departmental

If sponsored provide granting agency and grant dates: \_\_\_\_\_

## Move Form

Requested Move Date: *allow at least 2 weeks once signed/submitted		E-mail:	
Dept. Move Contact:		Phone:	
Alt Move Contact:		Alt. Phone:	
Estimate Requested:    Yes <input type="checkbox"/>			
Fund Number	Department Number	Program Number	Funding Project Number (UNDXXXX)
<b>Move Details.</b>			

**Required Signatures:**

<b>1. Unit Space Coordinator (USC)</b>		
<b>My signature verifies I have discussed this move/change with the AVP/Dean/Director</b>		
Print Name	Signature:	Date:
<b>2. AVP / Dean / Director (final unit level approval)</b>		
<b>My signature verifies I approve of this request and specified funding is available</b>		
Print Name	Signature:	Signature:
<b>Estimated Costs (provided by Facilities)</b>		

If the space is assigned to another Academic College or Administrative Division other than the requesting departments', the requesting and granting Vice Presidents must also sign.

<b>3. Requesting Division Vice President</b>		
<b>My signature verifies I have discussed this move/change with the Granting Vice President</b>		
Print Name	Signature:	Date:
<b>4. Granting Division Vice President</b>		
<b>My signature verifies I approve of this request</b>		
Print Name	Signature:	Date :

Submit completed form to [und.facilities@und.edu](mailto:und.facilities@und.edu)

<b>Facilities Management Project Coordinator:</b>		
Print Name	Signature:	Date:

<b>Facilities Management Space/Move Coordinator:</b>		
Print Name	Signature:	Date: