

**UNIVERSITY OF NORTH DAKOTA  
SPACE REQUEST AND MOVE FORM**  
Submit completed form to [und.facilities@und.edu](mailto:und.facilities@und.edu)  
Please contact the space manager with any questions – 7.2895

Identify the available room(s) of interest and how it would be allocated to your department.

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

**If NCES Usage Code is 250, 252, 255, 260, 265, 271, 273-290, complete the following:**

Type of research conducted:      Sponsored      Institutional      Departmental

If sponsored provide granting agency and grant dates:

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<b>Have you spoken to a Facilities representative regarding this project?</b>	Yes	No	<b>If so, to whom?</b>	

<b>Utilization Rate</b>		
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**Why do you need the space? If this request is for classroom or laboratory space, please provide assurance utilization of existing space has been reviewed (Response limited to 500 words)**

**How does the requested space fit your short and long term plans? (Response limited to 500 words)**

**What renovations will be required? How will these renovations be funded? (Response limited to 500 words)**

**How does the requested space work in relation to other unit locations? (Response limited to 500 words)**

## Move Form

Requested Move Date: *allow at least 2 weeks once signed/submitted		E-mail:	
Dept. Move Contact:		Phone:	
Alt Move Contact:		Alt. Phone:	
<b>Estimate Requested: Yes <input type="checkbox"/></b>			
<b>Fund Number</b>	<b>Department Number</b>	<b>Program Number</b>	<b>Funding Project Number (UNDXXXX)</b>
<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 VP/Dean/Director</b>		
Print Name	Signature:	Date:
<b>2. Facilities Management Project Manager:</b>		
Print Name	Signature:	Date:
Available funding specified above covers expenses associated with this move/change    Yes    No		
<b>Comments:</b>		

<b>3. VP / 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:	Date:	
Comments:			
Estimated Costs (provided by Facilities)	\$	Total funding available for project	\$
<b>4. Space Management Committee</b>		Approve Deny	
<b>5. Executive Budget Committee</b>		Approve Deny	
<b>4. Facilities Management Space Manager Signature:</b>		Date Completed:	

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