

Kennesaw State University

Space Request Form

REQUESTOR INFORMATION
Name:
Title:
Department:
Email address:
Phone:

SPACE REQUEST DETAILS
Briefly describe your space need (i.e. program expansion, staff recruitment):
Space Type (i.e., Office, Classroom, Lab):
This request is for: (Select all that apply) <input type="checkbox"/> Change of Space Function <input type="checkbox"/> New Space <input type="checkbox"/> Relinquishment <input type="checkbox"/> Temporary Space – List timeframe: From: _____ To: _____
List any special requirements needed (i.e., location, access, equipment, adjacencies)
Have you identified specific space? <input type="checkbox"/> No, I would like to consult with the Campus Planning Office <input type="checkbox"/> Yes. Indicate which room(s)
Will space be vacated as a result of this request? <input type="checkbox"/> No. <input type="checkbox"/> 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		
<i>Campus Planning Office Use Only</i>	Request #:	Date Received: