# Kennesaw State University

## Space Request Form

### REQUESTOR INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### 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)**

- [ ] Change of Space Function
- [ ] New Space
- [ ] Relinquishment
- [ ] Temporary Space – List timeframe: From: [ ] To: [ ]

**List any special requirements needed (i.e., location, access, equipment, adjacencies)**

**Have you identified specific space?**

- [ ] No, I would like to consult with the Campus Planning Office
- [ ] Yes. Indicate which room(s)

**Will space be vacated as a result of this request?**

- [ ] No.
- [ ] 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*

*Campus Planning Office Use Only*  
| Request #: | Date Received: |