Request #_____
Date: _____
(Office use only)

NC STATE UNIVERSITY

Space / Lease Request Form

I. Requestor

_____ _____ _____
Department OUC College/ Division

II. This request reflects a need for:

☐ Change in the use of existing space

Building: _____ Room No(s)/suite: _____

Current Use:_____ Proposed Use: _____

☐ Allocation of additional space

Location:_____ Proposed Use: _____

☐ Expenditure of funds? (Provide additional details under Section V.8)

Lease Costs/ Upfit Cost:_____

Source of Funds/ Account No: _____

III. Duration Begin Date: _____ End Date: _____

IV. Type/ Quantity of Space Needed: Please provide information on the type(s) of space being requested and the number of people to be supported.

☐ Classroom(s) Number of student seats: _____

☐ Teaching Lab(s) Number of student seats: _____

☐ Research Lab(s) Number of workstations: _____

☐ Office: Submit organizational chart

Type of Position	Number of Rooms	Number of People
Director/Administrator		
Faculty/Professional		
Technical/Clerical		
Graduate Assistant		
Student Worker		

☐ Office Service (copier, files, mail, server, break) Describe: _____

☐ Conference Room Number of seats at the table: _____

☐ Storage/ Warehouse ☐ Conditioned ☐ Unconditioned Square Footage: _____

☐ Other _____

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V. Request Details: Attach a detailed narrative that follows the format below.

1. **Description:** Provide a succinct description of your space request. What space being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.
2. **Strategic Plan:** How does this request relate to the NC State Strategic Plan?
3. **Proximity:** Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
4. **Location:** Indicate any location(s) you want considered in filling this space request.
5. **Options explored:** Describe all avenues explored to solve this space request within existing space. For example, has the department/ college considered maximizing underutilized space to solve this need? Has the department and college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
6. **Timing:** Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc.
7. **Parking/ Transportation:** Describe any special parking and transportation access needs.
8. **Funding:** Provide budget and funding details for any request that requires the expenditure of funds. Rental space requests must include: lease duration, square footage, annual costs, and financial account information.
9. **Other:** Provide any other information or special requirements for space (wiring, AC, telephone, computers, and other related equipment, etc.) that will support or better define this space request.

Submitted/ Endorsed by: **Department/Unit Head**	(print name)	**Department Contact Person:** (print name)
(signature)	(date)	(phone)
Dean or Vice Chancellor	(print name)	(campus box)
(signature)	(date)	(email)
Facility Coordinator	(print name)	**Unsigned or incomplete requests will not be considered.**
(signature)	(date)	

Submit via email to: group-campus-dev-request@ncsu.edu

Questions related to space on campus: Contact Campus Planning & Strategic Investment - 919.515.8052

Questions related to space leased from a private property owner: Contact Real Estate - 919.515.3235