

# Request for Additional Space

**Contact Information:**

Contact Name \_\_\_\_\_ Requesting Unit \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Request Date \_\_\_\_\_  
 Contact E-Mail \_\_\_\_\_

**Unit Profile:**

**Current Personnel**

Number of Full-Time Faculty \_\_\_\_\_  
 Number of FTE Part-Time \_\_\_\_\_  
 Number of Full-Time Staff \_\_\_\_\_  
 Number of FTE Part-Time Staff \_\_\_\_\_  
 (FTE=Full-Time Equivalent)

**Current Space**

Number of Faculty offices \_\_\_\_\_  
 Number of Staff offices/cubicles \_\_\_\_\_  
 Conference/meeting rooms \_\_\_\_\_  
 Other \_\_\_\_\_

**Additional Space Requested:**

In the space allowed, briefly describe how much space is being requested, why additional space is needed, and how it will be used. (Additional explanatory information, drawing, floor plans, diagrams, etc. may be attached)

What attempts have been made to identify and reconfigure or share underutilized space within the unit's existing space allocation?

Have suitable location(s) been identified for requested space? If so, please provide building and room numbers. (Additional explanatory information, drawings, floor plans, diagrams, etc. may be attached)

Describe any critical time constraints that affect timing of additional space allocation.

Describe the impact on the unit's operations if requested space is not approved.

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Print Name: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Print Name: \_\_\_\_\_

Forward this request to the Space Management Committee Chair at [evpfa@tamucc.edu](mailto:evpfa@tamucc.edu) for review.

Space Management

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_