



Request to Change Room Type and Use

Requestor: _____ Phone No: _____

Department: _____

Building: _____ Room No: _____

Current Room Type/Use:

Proposed Room Type and Use:

Note: Request for approval to reassign space use and function, i.e. storage room to office, class lab to research lab, etc., with no structural modifications. Forward this request to the Space Management Committee Chair for review evpfa@tamucc.edu.

Dean/Director: _____ Date: _____ Approve _____ Disapprove _____

Print Name: _____

Vice President: _____ Date: _____ Approve _____ Disapprove _____

Print Name: _____

Space Management

Committee Chair: _____ Date: _____ Approve _____ Disapprove _____

President: _____ Date: _____ Approve _____ Disapprove _____