

CAU T.W. Cole Jr. Science Research Center
Space Request Form (1AA)
ATTACH ADDITIONAL PAGES IF NECESSARY

FORM 1AA. REQUEST TO REASSIGN SPACE WITHIN A UNIT:

I. CONTACT INFORMATION: For information only; committee action is not needed.

A. Applicant's Name:	Date:	
B. Department/Unit:	Phone:	Email:
C. Bldg: _____ Room #: _____		
D. Justification for change:		

II. REQUESTED SPACE:

Location of the space you are requesting

Bldg: _____ Room #: _____ Date the space is needed: _____

A. Research Eligible Activity: Yes No

If yes, complete the information below.
 If no, describe how the reassigned space will be used. In Item D Below.

B. Funding Source for Activity (Agency, grant/acct number, duration, amount (MTDC & indirect costs), etc.):

Agency	Project Acct. No.	Exp. Date	MTDC	Recovered F&A	CAU share (%)

C. Space will be used by: Faculty Staff Research Assoc. Students Other, please specify: _____

D. Description of the activity in reassigned space

E. Is the space requested currently occupied? Yes No
 If yes, answer the questions in item F below.

F. Does the holder of the requested space agree to release it to you? Yes No
 If yes, identify the person who is currently occupying the space.

Name:	Date:
Department/Unit:	Phone:
	Email:

III. DESCRIPTION OF UNIT REQUESTING SPACE: (complete B, C, D, E, & F if requesting new or additional space. **Attach Space Allocation Screening Questionnaire.**)

A. Briefly describe the function of your unit.

B. Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____

C. Do you anticipate the number of people in your unit increasing within the next two years?

D. If yes, indicate anticipated growth:
 Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____

E. How much space do you currently have and location of the current space? (total assignable square feet)

F. What type of space do you anticipate is needed in the next two years (research, office, workspace, etc.)?

Note to Requestor: The application will be processed as expeditiously as possible and you will be notified as action is taken and request is forwarded.

REQUEST AUTHORIZATION SIGNATURES (Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.)				
Unit Head or Principal Investigator:				Date:
Department Chair or Director:		Approve	Disapprove	Date:
Comments:				
Dean (if applicable):		Approve	Disapprove	Date:
Comments:				
Responsible Vice President:		Approve	Disapprove	Date:
Comments:				

Forward by mail, e-mail or fax this completed form with the proper signatures and the required plans to RSP.
E-mail: research@cau.edu FAX number: 404.880.6983 Attn: P. Abrahams

RSP ACTION
Date plans received:
Date RSP requests more information:
RSP options document:
Date RSP forwards completed form and options to the Space Advisory Committee:

OFFICE OF THE VICE PRESIDENT, RESEARCH AND SPONSORED PROGRAMS	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Disapproved
<input type="checkbox"/>	Other
Vice President	Date
Comments:	