

CAU T.W. Cole, Jr. Science Research Center
Space Request Form (2AA)
ATTACH ADDITIONAL PAGES IF NECESSARY

FORM 2AA. REQUEST FOR CHANGE IN FUNCTION OF SPACE ALREADY ASSIGNED:

I. CONTACT INFORMATION:

A. Applicants Name:		Date:
B. Department/Unit:	Phone:	Email:
C. Bldg: _____		Room #:

II. CURRENT SPACE:

A. Current Room Type: (Circle one)
 wet lab dry lab office storage
 (for help with room type, contact Paul Abrahams, RSP, 404.880.6974)

B. State specifically the current function of the space you now occupy:

- Is the current function research eligible? Yes No

C. Indicate the new type of function that will take place in the room:

- Is the new type of function research eligible? Yes No

If yes, complete the information in 'D' below.

D. 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 (%)

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

F. Indicate the date of the space change: _____

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 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:

SPACE ADVISORY COMMITTEE (the signatures below indicate action and/or recommendations of the Space Advisory Committee. Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.)	
<input type="checkbox"/>	Reviewed for Information Only
<input type="checkbox"/>	Recommend Approval
<input type="checkbox"/>	Recommend Disapproval
<input type="checkbox"/>	Other
Chairperson	Date:
Comments:	

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:	