

CAU T.W. Cole Jr. Science Research Center
Space Request Form (3AA)
ATTACH ADDITIONAL PAGES IF NECESSARY

FORM 3AA. REQUEST FOR NEW OR ADDITIONAL SPACE

I. CONTACT INFORMATION:

A. Applicants Name:		Date:
B. Department/Unit:	Phone:	Email:
C. Bldg: _____ Room #: _____		
<ul style="list-style-type: none"> • Indicate if this request is for new space () or additional space (): Check one • Is the space requested for research eligible activity? Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="margin-left: 20px;">If yes, complete the information in 'D' below. If no, describe the activity to take place, in II C below:</p>		
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: _____

II. REQUESTED SPACE:

A. Do you have assigned space for your current activity? Yes No
 If yes, provide the information below:
 a) Bldg: _____ Room #(s): _____
 b) Current Room Type: _____ (i.e., wet lab, dry lab, office, storage)
 c) Sq. Ft. _____

B. Have you identified possible space options that may be available for your use? Yes No
 If yes, identify the location below.
 Bldg: _____ Room #: _____ Sq. Ft. _____

C. Specifically and briefly describe how the space will be used:

D. Circle the terms that describe the type of space you need: wet lab dry lab office storage
 a) indicate the date it is needed by: _____

E. How will your program be affected if the request is not granted? (Attach extra sheet if needed)

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:

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:	