

CAU T.W. Cole Jr. Science Research Center
Space Request Form (4AA)
ATTACH ADDITIONAL PAGES IF NECESSARY

FORM 4AA. REQUEST TO REASSIGN SPACE ACROSS UNITS

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 an activity you are conducting () or for someone else () • In the space below, identify the location where the space is to be assigned <ul style="list-style-type: none"> ○ Bldg: _____ Department/Unit: _____ Room _____ Department Chair/Unit Supervisor _____ • Is the space requested for research eligible activity? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If yes, complete the information in 'D' below. If no, specify the activity to take place in the space 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: _____

1. Briefly explain why the activity cannot be conducted within your unit.
2. Is the unit supervisor or chairperson in the unit in question in agreement to let you use the space? Yes No
If no, you should have the unit chair or supervisor's approval.
3. Indicate the date the space is needed by. _____

II. 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:	