



*Facilities Planning & Construction*

## Space Modification or Reallocation Request

<b>Date:</b>
<b>Submitted by:</b>
<b>Space Location</b>
<b>Campus:</b> <b>Building:</b> <b>Room No:</b>
<input type="checkbox"/> <b>Modification</b>
<b>Description:</b>
<input type="checkbox"/> <b>Reallocation</b>
<b>Current use:</b>  <b>Proposed Use:</b>
<b>Justification</b>

**Requestor's Signature:**

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**Site Coordinator's Signature:**

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**Dean or Director's Signature:**

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**Vice President's Signature:**

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