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**REQUEST FOR NEW OR CHANGES TO CAMPUS-BASED RESEARCH OR TEACHING SPACE**

REQUESTOR INFORMATION

|  |  |
| --- | --- |
| NAME: |       |
| DEPARTMENT/SCHOOL/CENTRE: |       |
| PHONE: |       | FAX:       |
| EMAIL: |       |
| DATE: |       |

DESCRIPTION OF SPACE /INFRASTRUCTURE REQUEST

|  |  |  |
| --- | --- | --- |
| SPACE WILL BE USED FOR: | [ ]  | Research |
| [ ]  | Teaching  |
| [ ]  | Administration |
| [ ]  | Support (specify) |
| [ ]  | Other (specify) |
|  |
| SPACE WILL BE USED BY: | [ ]  | Faculty |
|  | [ ]  | Professional non Faculty Staff1 |
|  | [ ]  | Administrative Staff |
|  | [ ]  | Research Assistant |
|  | [ ]  | Teaching Assistant |
|  | [ ]  | Student |
|  | [ ]  | Course (s) |
|  | [ ]  | Other (specify) |
|  |
| HAVE YOU IDENTIFIED A SUITABLE LOCATION FOR THIS NEW SPACE AND OR ITS USE THAT MAY BE AVAILABLE? | [ ]   | Yes | [ ]  | No |
| If yes, please describe, using building/room #s or attach drawing/floor plans/diagrams:  |
|       |
| 1 Can be a Veterinarian or other such professional |
| WILL YOU BE VACATING YOUR CURRENT SPACE? | [ ]   | Yes | [ ]  | No |
|  |
| WILL THERE NEED TO BE ANY REMODELING OR ENHANCEMENTS TO ACCOMMODATE YOUR PROPOSED USE?  | [ ]   | Yes | [ ]  | No |
|  |
| WILL YOU NEED ADDITIONAL/NEW FURNISHINGS? | [ ]   | Yes | [ ]  | No |
| If yes, briefly describe how the space will be used as well as why new/additional space is needed (you may attach drawing/floor plans/diagrams): |
|       |
|  |
| Please briefly describe any special requirements for this space including the need for proximity to other facilities (if more space is needed you may attach additional pages) |
|       |
|  |
| DATE NEEDED: |       |
| LENGTH OF TIME NEEDED: |       |
|  |
| DO YOU HAVE ANY FUNDING AVAILABLE TO COMMIT TO RELOCATION OR CHANGE IN USE?  | [ ]   | Yes | [ ]  | No |
| IF YES PROVIDE :  |  | SOURCE:       |  | AMOUNT\*:      |
|  |  | FOAPAL:       |  | Notes:       |
| \*IF AMOUNT IS >$5000 THE SIGNATURE VERIFYING THE FUNDS ARE AVAILABLE, AS PER BELOW, IS REQUESTED |
| PLEASE PROVIDE THE NET ASSIGNABLE SQUARE FEET YOU ARE REQUESTING IN EACH CATEGORY: |  |  |
|       | [ ]  | Office/Work Room |
|       | [ ]  | Research Lab |
|       | [ ]  | Teaching classroom / lab |
|       | [ ]  | Other |
|       |  | Total |

Note: Multiple use of space is encouraged

**ALL REQUESTS** MUST BE SIGNED BY THE CHAIR/DIRECTOR AND THE BUILDING DIRECTOR

|  |  |  |
| --- | --- | --- |
| DEPT./SCHOOL/CENTRE CHAIR/DIRECTOR: |  |  |
|  SignaturePrint Name:       | Date |
| BUILDING DIRECTOR\*: |  |  |
|  SignatureName: Marilena Cafaro\* | Date |

**\*McIntyre Building Director; McINTYRE MEDICAL BUILDING ROOM 529; PHONE 514-398-3313**

Note: If there is NO major impact on budget or infrastructure, as determined by the building director, his/her signature and that of the chair are sufficient.

IF THERE IS A POTENTIAL IMPACT ON BUDGET OR INFRASTRUCTURE THE SIGNATURES BELOW ARE REQUIRED.

NOTE: THERE WILL BE NO FINANCIAL SUPPORT PROVIDED BY THE FACULTY WITHOUT THE SIGNATURES AS BELOW.

|  |  |  |
| --- | --- | --- |
| 1. **IF FUNDS >$5000** ARE NEEDED FOR ANY RELOCATION, AND/OR CHANGE IN USE COSTS, THE SIGNATURE OF THE SENIOR DIRECTOR, ADMINISTRATION & OPERATIONS IS REQUIRED VERIFYING THE FUNDS

AND/OR1. For **RESEARCH** and/or **TEACHING SPACE**
 |  |  |
| SignatureName: Pascale Mongrain\* | Date |

\* SENIOR DIRECTOR, ADMINISTRATION & OPERATIONS; 3605 DE LA MONTAGNE, PHONE 514-398-4999

|  |  |  |
| --- | --- | --- |
| VP (HEALTH AFFAIRS) AND DEAN: David Eidelman *or* delegate |  |  |
| SignaturePrint Name:       | Date |