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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: |  |  | |
| Signature  Print Name: | Date |
| BUILDING DIRECTOR\*: |  |  | |
| Signature  Name: 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/OR   1. For **RESEARCH** and/or **TEACHING SPACE** |  |  | |
| Signature  Name: Pascale Mongrain\* | Date |

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

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