

# SPACE REQUEST FORM

## Space Management

University Facilities  
Armour Academic Center  
Rush University Medical Center



for more information, contact the Rush University Facility Director:

Chris Kanakis  
ckanakis@rush.edu  
t: 312-942-8631

DATE:  /  /

COLLEGE/DEPT. REQUESTING SPACE:

CONTACT PERSON:

EMAIL:

PHONE:

DATE SPACE IS NEEDED:  /  /

DESCRIBE HOW YOUR REQUEST FOR SPACE IS IMPORTANT AND HOW IT IS TIED TO UNIVERSITY STRATEGIC PRIORITIES:

SPACE TYPE:

# OF ROOMS:

# OF PEOPLE:

TOTALS:

DURATION:

Long Term (2 yrs+)

Short Term (1-2 yrs)

Interim

months

THIS REQUEST IS FOR:  
(check all that apply)

Additional Space

New Construction

Space Modification

Reassignment of Space

Capital/Funding

other

**SPACE WILL BE USED FOR:**  
*(check all that apply)*

Instruction

Administration

Research

Storage

Support

other

**DESCRIBE HOW THIS SPACE WILL BE USED AND HOW OFTEN:**

**SPACE WILL BE USED BY:**  
*(check all that apply)*

Faculty

Administrators

other

Staff

Students

**PERSONNEL NAMES:**

**TITLE:**

**FTE:**

**NEW or EXISTING:**

**ARE SPECIAL ACCOMODATIONS OR EQUIPEMENT REQUIREMENTS NEEDED?**

Yes

No

**IF YES, PLEASE BRIEFLY DESCRIBE:**

**CAPITAL / FUNDING NEEDED FOR SPACE:**

**CAPITAL / FUNDING NEEDED FOR EQUIPMENT:**

**WILL EXISTING SPACE BE VACATED IF THIS REQUEST IS APPROVED?**

Yes

No

**IF YES, SPACES TO BE VACATED ARE:**

**BUILDING:**

**ROOM(S)**

**EXPLAIN WHY THE SPACE BEING REQUESTED CANNOT BE ACCOMODATED IN A SPACE CURRENTLY AVAILABLE TO THE DEPARTMENT:**

**APPROVAL SIGNATURES REQUIRED FOR FURTHER CONSIDERATION**

**SIGNATURE OF SECTION CHAIR:** \_\_\_\_\_  
*(signature indicates accuracy of information)*

**Approved**       **Not Approved**

**SIGNATURE OF DEPARTMENT CHAIR:** \_\_\_\_\_  
*(signature indicates no resources at department level)*

**Approved**       **Not Approved**

**SIGNATURE OF COLLEGE DEAN:** \_\_\_\_\_  
*(signature indicates space cannot be made available from existing space assigned to the college)*  
**\*SIGNED ONLY AFTER DEAN MEETS WITH RESEARCH FINANCE / VICE PROVOST OF RESEARCH\***

**Approved**       **Not Approved**

**FOR UNIVERSITY FACILITIES USE ONLY**

**UNIVERSITY SPACE PLANNING COMMITTEE ACTION:**

- RECOMMEND**
- NOT RECOMMEND**
- RETURNED TO ADMINISTRATOR FOR MORE INFORMATION**
- FORWARDED TO PROVOST / PRESIDENT**

**DATE:**

**DATE:**

**DATE:**

**DATE:**

**PROVOST ACTION:**

- APROVED**
- NOT APPROVED**
- RETURNED TO UNIVERSITY FACILITIES FOR MORE INFORMATION**

**DATE:**

**DATE:**

**DATE:**

**PRESIDENT ACTION:** *(required for multiple division space requests)*

- APROVED**
- NOT APPROVED**
- RETURNED TO UNIVERSITY FACILITIES FOR MORE INFORMATION**

**DATE:**

**DATE:**

**DATE:**

**UNIVERSITY FACILITIES DIRECTOR:**

**ASSIGNED NUMBER:**

- COMPLETED REQUEST**
- SPACE CHANGES REPORTED TO UNIVERSITY SPACE PLANNING**
- COMMITTEE REQUIRES PROJECT MANAGER / NUMBER**  
*(forwarded to Capital Projects)*

**DATE:**

**DATE:**

**DATE:**