

**THE UNIVERSITY OF SOUTH ALABAMA  
SPACE ALLOCATION FORM**

**INSTRUCTIONS:** check appropriate action in section 1; complete sections 2, 6 and 7 for all actions; complete sections 3 through 5 as applicable. Submit all copies of form to dean or other approving authority for signature. Dean will forward form to the Chair of the University Space and Facilities Committee. A copy will be returned to the requestor on approval by the committee.

**SECTION 1 ACTION REQUESTED**

Assignment / Reassignment  Modification  Room Use Change  Release

Department:	Requestor:
College or Division:	Account Number:

**SECTION 2 SPACE REQUIREMENTS**

Building Name:		Building Number:
Floor(s):	Room Number(s):	Date Required:
Total NASF or GSF Required:		Student Stations Required:

Indicate Number of Rooms Required:

Classroom	Research Laboratory	Reception / Waiting	Office Service
Classroom Service	Laboratory Service	Patient / Treatment	Conference
Class Laboratory	Data Processing	Office	Other

**SECTION 3 MODIFICATION REQUIREMENTS**

Describe any needed modifications or special requirements. Attach additional pages, drawings, or specifications necessary to fully describe modifications. List equipment to be installed by the University.


Source of Funds:	Date Modification Required:
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<b>SECTION 4 ROOM TYPE CHANGE</b>	From:	To:
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<b>SECTION 5 RELEASE ONLY</b>	Date of Release:
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<b>SECTION 6 REASON FOR REQUEST</b>	
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<b>SECTION 7 CERTIFICATION</b>	<b>SECTION 8 APPROVAL</b>
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Requestor	Chair, University Space and Facilities Committee
Date _____	Date _____