College of Engineering Space Change/ 7 U D Q V I H U Form

Department Name: Requestor Name:

Building: Room Number Today's Date:

Type of Request (m ay be more than one) -

☐ Change (please s pecify): ☐ Change of 2 F F X S D Q V ☐ Change of 8 V H

, I F K D Q J H R I R F F X S D Q W

Current Occupant New Occupant

(If change of use)

New Purpose

Room Use Code (7 digits) Capacity Square footage

7 U D Q V I H U S O H D V H V S H F L I \ 3 H U P D Q H Q W 7 U D Q V I H U 7 H P S R U D U \ 7 U D Q V I H U

& X U U H Q W 8 V H 7 U D Q V I H U 'H S D U W P H Q W

Change/Transfer 6 W D U W ' D W H:

5 H T X H V W H U Signature: Date:

Current Dept. + H D G Signature:_____ Date: _____

7 U D Q V I H U Dept. + H D G Signature: _____ Date: _____

$ V V R F L D W H ' H D Q I R U 5 H V H D U F K
D Q G , Q Q R Y D W L R Q 6 H U Signature: Date:

& U H D W H G