

SAN DIEGO CITY COLLEGE

Request for Space Form

INSTRUCTIONS:

This form should be used when requesting new, permanent space on campus. This form should be completed on behalf of a Division/Department.

PROCESS:

1. Complete this form in its entirety.
2. Sign the form as the requestor.
3. Have the Division Dean sign and approve the form.
4. Have the Division Vice President sign and approve the form.
5. The signed form should be submitted to the Vice President of Administrative Services (VPAS) for review **via email**.
6. The VPAS will evaluate the request & present the request to the Review of Services Committee at the next scheduled Committee meeting.
7. The VPAS in cooperation with Review of Services Committee will deliberate and *IF SPACE IS AVAILABLE* will determine whether to allocate the additional space to the program.
8. The Requestor, Division Dean, & Division VP will be notified via email of the result.
9. Any approved requests will be shared as information items at the Review of Services Committee & President's Council
10. If approved, the requestor will be contacted by Administrative Services to facilitate next steps.

Requestor:		Date:	
Current Room #:		Program:	
Requested Room #:		Department:	

Please describe your CURRENT space and how you are utilizing this space to meet your Program/Department needs. How will this new space impact your Program/Department and overall campus operations? (Please limit response to 500 words)

How often is your current space being used in a 24 hour period?

- Monday 7am 8am 9am 10am 11am 12pm 1pm 2pm
 Tuesday 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm
 Wednesday
 Thursday
 Friday
 Saturday

Please describe how this space will impact Student Success campus. (Please limit response to 300 words)

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Please describe how this space will impact & Health & Safety on campus. (Please limit response to 300 words)

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How often will your new space be used in a 24 hour period?

- | | | | | | | | | |
|------------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 7am | <input type="checkbox"/> 8am | <input type="checkbox"/> 9am | <input type="checkbox"/> 10am | <input type="checkbox"/> 11am | <input type="checkbox"/> 12pm | <input type="checkbox"/> 1pm | <input type="checkbox"/> 2pm |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 3pm | <input type="checkbox"/> 4pm | <input type="checkbox"/> 5pm | <input type="checkbox"/> 6pm | <input type="checkbox"/> 7pm | <input type="checkbox"/> 8pm | <input type="checkbox"/> 9pm | <input type="checkbox"/> 10pm |
| <input type="checkbox"/> Wednesday | | | | | | | | |
| <input type="checkbox"/> Thursday | | | | | | | | |
| <input type="checkbox"/> Friday | | | | | | | | |
| <input type="checkbox"/> Saturday | | | | | | | | |

If you did not previously have space, did you include your request in your program plan

YES NO

Will changes to the room be required? (Ex. Classroom to Lab)

YES NO

Is this a request for a restoration of space?

YES NO

Approvals

Requestor

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Dean

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Vice President

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

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FOR REVIEW OF SERVICES COMMITTEE USE ONLY

1. Reviewed by Vice President of Administrative Services

	Signature	Date
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2. Is the Space Available? YES NO

3. If Yes, will the space meet the program needs? YES NO

4. Is this request approved? YES NO

5. If no, please provide justification:

