

**Facilities Request Form
Missouri State University
Office of Administrative Services**

This form is used by several on-campus agencies to evaluate and assess your request.

This request will require the approval of the Space Management Task Force (SMTF). You may be asked to meet with SMTF to clarify or provide additional justification of your request. SMTF meets the first Wednesday of every month. Submission of this form does not imply approval. You will be notified regarding the disposition of your request in a timely manner. If the request is approved by SMTF, you will receive written notification and directions how to proceed.

SUBMIT THIS COMPLETED FORM VIA CAMPUS MAIL TO:

Dale Moore

University Facilities Analyst

If you have questions or need assistance, please call 6-4999 or via email to dalemoore@missouri.edu

1. Please indicate the purpose of this change request:

- One Additional space or new space
- Space modification or renovation
- Classroom utilization change

2. Person making request: _____ 3. Title: _____

4. Extension number: 6-_____ 5. Department: _____

6. College or Administrative Area: _____

The following fields refer to the actual physical location(s) where you are making the request:

7. Building: _____ 8. Room Number(s): _____

9. If this is for a change or modification to a classroom or lab, do you have priority assignment for the room?
(Skip to next question if NOT a classroom or lab)

- Yes No Not Sure

10. If this involves a physical modification of space, have you communicated your requirements to Design and Construction?

- Yes No

11. By attachment or on the reverse of this form, please provide a general description of the request including the justification and/or need for the requested action.

12. Has this project request received budget approval? Yes No Pending

13. Funding Source (Budget #): _____ 14. Approval Authority: _____

15. Date Submitted: _____

UFA	OIR	DC	PPA	SMTF
-----	-----	----	-----	------