



**PSU Space Request Form**

Official Use:  
Request #:

Date Received:

**Requester Information:**

Requestor name	Department	
Position	e-mail	
Contact person	Phone	Date

**Space Request Details**

Briefly describe your space need (i.e., Program Expansion, Recruitment):

Space Type(s) (i.e., Office, Classroom)

This request is for: (Select all that apply)

Change of Space Function

New space

Relinquishment

Temporary space      List timeframe:      From      To

List any special requirements needed (i.e., location, access, equipment, adjacencies)

Have you identified specific space

No,      I would like to consult with the Campus Planning Office

Yes,      Which room(s)

Will any space be vacated as a result of this request?

No

Yes,      Which Rooms:

Is funding available for any necessary improvements?      Yes      No

**Dean or Director Authorization**

I approve this request for consideration by the Space Allocation Committee

Print Name

Date

**Campus Planning Office Contact Information**

Name: Lucius Shields

e-mail: [lucius@pdx.edu](mailto:lucius@pdx.edu)

Phone: (503)725-4939