

SPACE REQUEST FORM

At CU Denver, Space Management (SM) is dedicated to optimizing space to support collaboration and enhance the campus experience. The team provides space design expertise, manages the space request process, and maintains floor plan and space occupancy information.

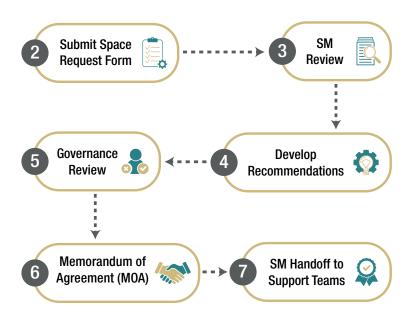
All CU Denver space is managed by the Office of the Chancellor. Space is not owned by the units that occupy it. It is assigned to the units for their use. Space may be re-assigned or re-distributed only as stipulated in the **Workplace Guidelines**, which outline the space request and space assignment processes. While we aim to accommodate all requests, approval will depend on resource availability and how the request aligns with the workplace guidelines.

Once you have completed the tasks identified below as the first step in the process, fill out all sections of this form. The SM team will review your request and reach out if more information is required. For more information, visit the **Space Requests website** or email **SpaceManagement@ucdenver.edu**.

SPACE REQUEST PROCESS



COMPLETE STEPS ABOVE BEFORE SUBMITTING A SPACE REQUEST







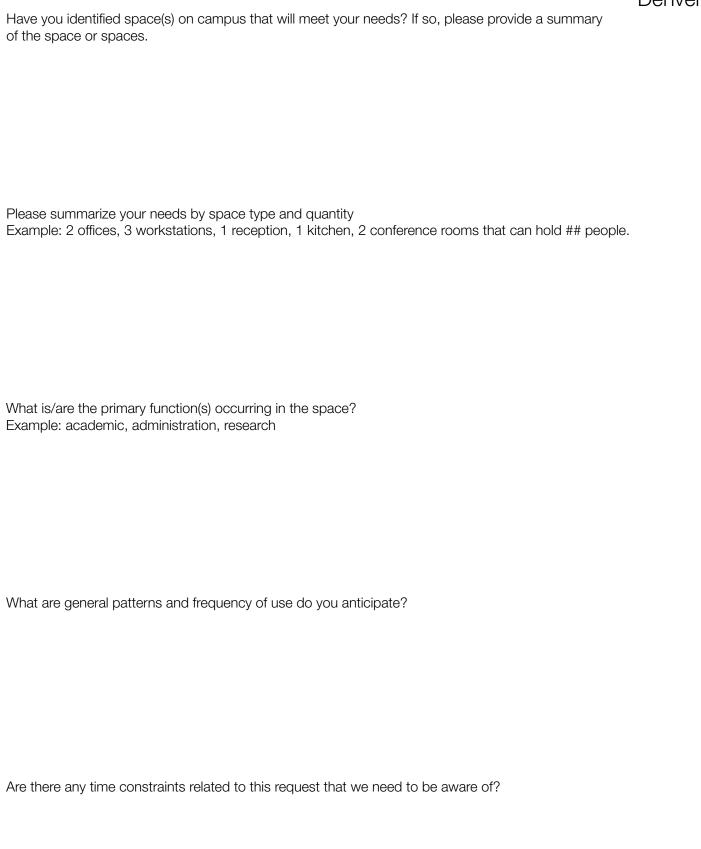
Request Date:	MM/DD/YY			
Requester Info:				
First Name	Last Name	Email	Phone	
Department / Unit	Name:			
Others to include in communication:				
First Name	Last Name	Email	Phone	
First Name	Last Name	Email	Phone	
Leadership Approver:				
	Dean:			
	For Schools & Coll	eges		
Asst. / Assoc. Vice Chancellor:				
For Administration, Finance, Academic, & Student Affairs Units				

SPACE REQUEST DETAILS

Briefly describe the space needs you are trying to accommodate.

Why does the space currently alloted to your unit not accommodate your needs and what other options have you explored?







Is this an auxiliary or externally f	funded (grants, research) operation?	
Do you have funding for related	expenses such as relocation, furniture, and equipment?	
Are there any special considera concerns, heating and cooling,	tions that we should be aware of such as special equipm or electrical needs?	ent, security
Any additional information?		
SIGNATURES		
All parties hereby agree with the	content of this document, and also agree and understand the /handwritten signatures on the form.	nat this electronic
Requester:		Date
Dean:	For Schools & Colleges	Date
Asst. / Assoc. Vice Chancellor:	For Administration, Finance, Academic, & Student Affairs Units	Date