

MIDDLE GEORGIA STATE UNIVERSITY

REQUEST FOR SPACE/CHANGE OF OCCUPANCY AND/OR USE OF SPACE

(THIS FORM IS INTENDED TO HELP US KEEP TRACK OF SPACE)

Part I: REQUEST

Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Building/Room(s) Impacted: \_\_\_\_\_

Current Room Usage Description:

\_\_\_\_\_  
\_\_\_\_\_

New description for use of room:

\_\_\_\_\_  
\_\_\_\_\_

Justification for Change:

\_\_\_\_\_  
\_\_\_\_\_

Part II: ADMINISTRATIVE APPROVALS

Requestor signature: \_\_\_\_\_

Dean/Department head signature: \_\_\_\_\_

RETURN TO JANET KIRKPATRICK, FACILITIES (COCHRAN CAMPUS)

Part III: ACTION BY APPROPRIATE VICE-PRESIDENT

Vice President (Academic) if faculty: \_\_\_\_\_

Vice President (Fiscal Affairs) final approval on all request(s) \_\_\_\_\_

\_\_\_ Approved \_\_\_ Denied Date \_\_\_\_\_

\*PLEASE FOLLOW THE APPROVAL PROCESS IN PART II FOR THE ROUTING OF THIS FORM. PLEASE NOTE FORM MUST BE SUBMITTED AND APPROVED BEFORE MOVING TO A NEW LOCATION OR CHANGING ROOM USAGE OF SPACE. YOU WILL BE NOTIFIED ONCE THIS FORM HAS BEEN APPROVED OR DENIED. PLEASE CONTACT JANET KIRKPATRICK, FACILITIES (COCHRAN CAMPUS) WITH ANY QUESTIONS (478-934-3161).

