

MIDDLE GEORGIA STATE UNIVERSITY

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

(THIS FORM IS USED TO ENSURE REPORTING OF ACCURATE SPACE

Part I: REQUEST UTILIZATION INFORMATION)

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 Chair signature: _____

RETURN TO LAURA GAY, FACILITIES ADMINISTRATION, MACON 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 LAURA GAY, FACILITIES (MACON CAMPUS) WITH ANY QUESTIONS (478-471-5373.

