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Vice Presidents' Space Committee Request for Allocation of Additional Space

Note: This Form to be submitted by the Dean/Director of the Unit as per instructions at the bottom of this form (page 2).

Unit:				
Name of the Unit the Request is filed for:				
Contact Person (Title, Last and First Name				
	E-mail address: Phone/Fax Number:			
REQUEST DETAILS	3			
Note: Please include separ	ate listing, if space provided is not sufficient.			
Designated Function/Type:				
Size (estimated); Number o	of Offices:			
List of Occupants/Employees: (Indicate by Title)				
Is this Request for Temporary Use (Provide time frame and by when needed)				
Is this Permanent Use (Pro	vide time frame by when needed)			

Provide any specifications or justification, or any other comments which might be beneficial to the Space Committee. Please include any additional documentation available.			
List of copies of documentation included with the request:			
Character of the December	D.U.		
Signature of the Requestor	Date:		
Signature of the Dean/Director	Date:		
	Date.		

Note: Please save document for future reference, print out, sign and e-mail as a scanned attachment to avpfac@mun.ca or print and fax copy to Office of AVP Facilities (fax number: 864-3251).

If sending by e-mail, the form should be sent by the Dean/Director directly to the above e-mail address and "cc" to the Requestor.

OFFICE USE:	
Date Received:	Date Discussed by Vice-Presidents' Space Committee:
Additional Notes/Comments:	
Outcome:	
Communications Considerations:	
Communications Considerations:	