

Colorado State University Space Request Form

Instructions: *Before individuals submit any requests for space, it should be vetted with their unit heads to ensure they agree with moving forward with the request.*

*Your application **will not** be processed unless an inventory, including use and/or occupancy of all the space currently being used by your department is complete and/or updated and provided to the Office of Campus Planning. Incomplete applications will be returned.*

Any rooms vacated to accommodate this request will become part of the inventory of available space and will be secured by Facilities Management until it is reoccupied.

Complete the form and attach any additional information, as necessary. If you have any questions, require assistance or need clarification, please contact Campus Planning, [fac dl space@colostate.edu](mailto:fac_dl_space@colostate.edu).

Communications regarding the request will be sent to the contact(s) on this form. If desired, please add the names other than the Unit head that communications should be sent to (maximum of 3 contacts).

The applicant is encouraged to provide clear concise data and any graphics that help define and justify the need succinctly. Should the request not include existing space and utilization information, the request may not move forward. Higher consideration will be provided to applicants abiding by the CSU space standards. Applicants should be able to accommodate any needed funds for the move and/or upgrades for additional space.

Grant funded programs and inter-disciplinary work units are encouraged to look at CSU auxiliary space (e.g. Lake Street Parking Garage) to lease in the best interests of CSU.

Criteria used by the space committee to determine best use of space / award of available space amongst various applicants are space deficiency, urgency of need, operational impact, location of space and program, ability to lease space, ability to vacate space, and alternate options available.

All decisions by the Space Committee will be considered final. If majority vote cannot be achieved or a request has special circumstances; the space request decision will be made by the SC (Space Committee) chairs (and may include discussions with other CSU leadership) with a recommendation from the Space Committee.

Contact Information (maximum of 3 contacts)

Department/Unit Name _____

Department/Unit Number _____

Contact Name(s) _____

Contact Email(s) _____

Contact Phone Number(s) _____

Dean or VP of Unit

Printed Name

Signature & Date

Purpose of Request

Project Name _____

Describe project and purpose of the request:

Space will be used for (Mark those that apply)

Please note that this form is not meant for major capital projects. For proposed new programs, the applicant may use this form to initiate a space ask and enable tracking of space needs. The assumption is that new programs will have accommodated costs for space during their approval process. Though the SC will attempt to accommodate new program space needs to the best of their ability, it is possible that new programs may require program plans; the purview of the SC is limited to existing and available resources. New programs needing more than 10,000 GSF will fall into the capital category as understood by the SC.

- Relocation of existing function Additional space for existing function
 Additional space for new function Instruction
 Research Administration Auxiliary

Office Needs (Indicate number of people in each category needing office space, including FT/PT/Hybrid/Temp status). Refer to [Office Space Standards](#) for recommended assignable space.

	FT	PT	Hybrid	Temp
Faculty				
Support/Admin				
GTA/GA				
Student				

	FT	PT	Hybrid	Temp
Director				
Post Doc				
Technician				
Other (list)				

How often will space be used?

Space Type (Select all that apply):

- Dry Lab Wet Lab Storage Classroom/Class Lab
- Other/Specialized space i.e., training room, computer lab, vibration sensitivity, etc.*

Please describe:

**Include documentation on equipment specification of specialized equipment (such as lasers, freezers, tissue culture hoods, spectrometers, dark-room equipment, etc.).*

What are the implications to your program if your request for space is not approved?

What attempts have been made to locate space within your current space allocation? (e.g., Has underutilized space been assessed to solve this need or have shared space possibilities with other departments been explored?)

What attempts have been made to find alternative solutions? (e.g., hybrid work, hoteling, remodeling, etc.)

Do you anticipate the number of people in your unit increasing within the next two years?

- Yes No

If yes, please indicate reasons for anticipated growth (including headcounts and titles) and whether funding has been identified to ensure space allocations are based on the standards.

Location:

- Do not have a particular space identified.

Building/rooms or area of campus

Is this space occupied? Y N By whom:

Desirable adjacencies/proximity

Timing

When is the space required? (month & year) _____

How long will the space be required? (years) _____

Do you anticipate additional growth? _____

Funding

If this space request is approved, does the requesting unit have sufficient funding in place to cover the move and/or renovation costs?

Yes No

Is this space request based on a research grant that has been funded or is anticipating funding?

Yes No

If yes, please identify funding source.

Anticipated Funding _____

Date Anticipated _____

Funded _____

Date Received _____

Grant Name _____

CSU Office Space Standards

Position	Office Type	Recommended Sqft
President	Private Office	500
Vice President/Provost	Private Office	250
Academic Units:		
Dean	Private Office	230
Associate or Assistant Dean	Private Office	130
Department Chair	Private Office	150
Faculty, Tenure Track	Private Office	130
Faculty, Asst., Assoc., Instructor or Adjunct	Private, Shared or Cubicle	90-130
Faculty w/ Studio (Art & Music)	Private Office	160
Faculty Emeritus	Private, Shared or Cubicle	80
GTA & GRA	Shared Office or Cubicle	60
Research Scientist	Private Office	130
Research Associate	Private, Shared or Cubicle	100
Administrative Units:		
Associate or Assistant Vice President	Private Office	150
Director	Private Office	130-150
Associate or Assistant Director	Private Office	130
Staff Professional	Private, Shared or Cubicle	110
Staff Support	Shared Office or Cubicle	90
Staff Temp or Student	Shared Office or Cubicle	45
Trade or Custodian	Group Office	20

