**The University of Mississippi Additional Space Request Form**

Please answer all questions on this form, attach additional pages as necessary, complete signature block, and send entire packet to Dr. Noel Wilkin in the Provost’s Office.

**Description of CURRENT Space**

Contact Department Phone Number Email

Building Name Room Number(s) – *please include dimensions*

**Please explain why your current space does not meet your needs.** *(Use additional pages as necessary.)*

**Description of Need**

[ ]  Permanent [ ]  Temporary Duration of need

**Please explain the purpose of requested space.** *(Use additional pages as necessary.)*

**Is there a need for proximity to any specific people of resources?** **[ ]  Yes** **[ ]  No**

**If “Yes”, please explain this need.** *(Use additional pages as necessary.)*

**How many people will be moving into this space?**

**How many offices are needed?** **Will any of the offices be shared?**

**If “Yes”, please explain your office sharing plan.***(Use additional pages as necessary.)*

**Is there a need for a conference/meeting room?** **How large?**

**Additional Comments** *(Use additional pages as necessary.)*

**Listing of DESIRED Space(s)**

**FIRST CHOICE**

Building Name Room Number(s)

**Please explain why you believe this space to be appropriate.** *(Use additional pages as necessary.)*

**SECOND CHOICE**

Building Name Room Number(s)

**Please explain why you believe this space to be appropriate.** *(Use additional pages as necessary.)*

**Description of Funding** *If no modifications are necessary, please indicate so here.* **N/A** **[ ]**

**Please explain how proposed modifications to the desired space will be funded.** *(Use additional pages as necessary.)*

**Departmental Approval**

Priority Level [ ]  High *(this semester)* [ ]  Medium *(within two semesters)* [ ]  Low *(within two years)*

Department Chair Name Department Chair’s Signature Date

**College Approval**

Priority Level [ ]  High *(this semester)* [ ]  Medium *(within two semesters)* [ ]  Low *(within two years)*

Dean Name Dean’s Signature Date

**Provost’s Office Use Only**

Assessment of space utilization efficiency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Provost’s assessment of urgency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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