



Please answer all questions on this form, attach additional pages as necessary, complete signature block, and electronically submit the entire packet to the Office of the Provost [provost@olemiss.edu].

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 or 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.)*

Approvals

Department Chair Name

Department Chair's Signature

Date

Dean Name

Dean's Signature

Date

Provost's Office Use Only

Assessment of space utilization efficiency: _____

Assessment of space productivity: _____

Provost's assessment of urgency: _____