



# The University of Mississippi

## Additional Space Request Form

Please answer all questions on this form, attach additional pages as necessary, complete signature block, and electronically submit the entire packet to the Department of Facilities Planning [umfp@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: \_\_\_\_\_