SPACE ALLOCATION/CHANGE REQUEST FORM
(Updated July 2026)

INSTRUCTIONS:
Use this form to request department or program space assignments, alterations, or changes for review, recommendation and approval. ***Completed forms, along with attached justification, must be approved by your Vice President prior to submission to Facilities Planning, Design & Construction.***

Date: _____

Requesting Unit/Department: _____

Requestor's Name: _____

Campus Phone: _____

Campus E-Mail: _____

☐ Request for New Space
☐ Request for Change in Space Type
☐ Request for Alteration of Current Space
☐ Notification of Reassignment of Current Space

Building Name/Room No.(s) Affected by Space Change: _____

In your justification for the request for space, please address the following:

PROGRAM INFORMATION
a. Describe the program that will use the space and why the space is needed.
b. Is this a new or existing program?
c. Has the new program or expansion been approved?
d. How does the program relate to the University's strategic, academic and/or master plans?

SPACE REQUIREMENTS
a. What type of space are you requesting?
b. If requesting instructional space, what size do you have the greatest need for?
c. When do you need the space?
d. How many faculty/staff/students will be assigned? Full-time, part-time, students, etc.
e. Are there special requirements of the new space? (e.g., location, adjacencies, etc.)
f. Describe briefly why your existing space is inadequate
g. What other programs might be affected by this space change?

FUNDING SOURCE AND AMOUNT

☐ University Funded: _____
☐ Non-State: _____
☐ Capital Outlay: _____
☐ Other Funding: _____
☐ Cost Recovery Chartstring: _____

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AUTHORIZATIONS

Requesting Department Head

Name: _____

Title: _____

_____ _____

(Signature) (Date)

Vice President

Name: _____

Title: _____

_____ _____

(Signature) (Date)

Please email the completed and approved form with attached justification to Virginia Mathew in our Facilities - Planning, Design & Construction department at vmathew@csufresno.edu

If you have any questions regarding this form, please email Virginia or call her at (559) 278-5033

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Facilities Planning, Design & Construction Use Only

Date of Review: _____

Recommendations Made:

Action Taken:

Approved by Facilities - Planning, Design & Construction

Name: _____

Title: _____

_____ _____

(Signature) (Date)