

## **Stockton University Space Request and Renovation Form**

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Division Executive		Date Submitted				
Contact Name For Request	e	Contact Phone				
Contact Email		College/ Department				
Location Information For Space Request						
Campus		Building				
Floor		Room				
	□ Renovation of Existing Space	□ Lease Renewal				
Is For	□ Additional Space for Program	☐ Feasibility Study				
(Check All That Apply)	□ Vacating/Transfer Space	□ Other				
Please Describ	be the Extent and Details of the Reques	Including				
	Intended Purpose of Request	Specific Space Requirements				
	interface i ai pose of request	phoomic phace medanisments				
	• Pertinent Dates	How Request Supports University Strategic Init	tiatives			
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Is Funding Available To Support This Request?		Funding Comments		
Yes □	No 🗆			
If Yes, Provide	Fund & Org			
Fund	[Org			
Division Executive Signature				
	-			
	Signature	Printed Name	Date	

## **SUBMISSION PROCESS**

- Please submit all completed & signed requests with any supporting documents to Rhianon.Lepree@stockton.edu
- All changes/reassignments of space involving 2,000 square feet or more and/or a project cost of \$25,000 or more

   must be requested via this form. Improvements to existing space that require multiple trades (e.g., carpenters and electricians), have a total dollar value over \$25,000, involve systems furniture installation, affect code requirements, and/or require professional design services are considered project-level renovations and are subject to review by the Space Management Advisory Committee.

## **Next Steps**

- Facilities & Operations will notify the listed project contact if the submitted form is missing required information or if any clarification is needed.
- Per the Space Allocation and Renovations Policy, completed and signed requests will first be evaluated by the Space Management Advisory Committee and then, if applicable and recommended by the Space Management Advisory Committee, shall be referred to the President or Designee for review and/or approval