

## College of Public Health Space Request Form

To request a new allocation of space, please complete this form and submit, either by email or Campus Mail, to:

Facilities & Design Services  
College of Public Health  
N175 CPHB  
Iowa City, IA 52240  
319-384-1535  
[cph-facilities@uiowa.edu](mailto:cph-facilities@uiowa.edu)

Requests will be shared with the Department and Dean's office for review, as appropriate. Review of your unit's current space use is typical in evaluating space requests.

**Date:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_

**Department/Center:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_ **Request for additional space to support new or expanded activity**

\_\_\_\_\_ **Request to relocate to a new location**

**Title of program to occupy space:**  
\_\_\_\_\_

**Purpose of requested space:**

What kind of space do you need? Would this assignment be for research lab, teaching lab, office, office support, or other? (Specify)

Explain why a new allocation of space is needed.

What will be the negative impact of not being assigned additional space?

Start and end dates for which the space is requested:

Please indicate required utilities and special physical conditions. Include desire for adjacencies to other units/programs.

Special Equipment to be used in space:

Specify employees to occupy requested space (faculty/staff/student). Add lines as needed.

Name	Job Class	% Time	New Hire or Existing Staff?
			New / existing
			New / existing
			New / existing

Number of FTE to be appointed with the grant funds: \_\_\_\_\_

If a particular space is requested, please identify.

What space, if any, will be vacated if a new allocation is made?

Source of funds for any renovation, moving or lease costs:

Name of Grant and Grant Number: \_\_\_\_\_  
Name of PI \_\_\_\_\_  
Grant Amount \_\_\_\_\_  
Funding period \_\_\_\_\_

Endorsement of DEO, either by signature or attached email indicating DEO support:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Collegiate Administrator Response:      Approved: \_\_\_\_\_ Denied \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: