University of Colorado Denver
Space Request Form (SRF)

Exhibit B

Date of Request: _____ SRF #:

Requesting Department _____ Requesting Division _____

Dept./Division Head: Name _____ Signature _____

Dept./Division Contact: Name _____ Signature _____

Current Location: Building _____ Floor _____ Room Number(s) _____

Vacating Current Location: Yes _____ No _____

Additional Space Request

Reason for Request: New: _____ Expansion: _____ Other: _____

Permanent Request: _____ Temporary Request: _____ Duration: _____

Preferred Location: 9th Ave.: _____ Fitz: _____ Leased: _____

Leased Address: _____

	FUNCTION					
	Education	Research Wet	Research Dry	Clinical	Admin/ Office	Total Request
Assignable Square Feet:						

Special Needs:	Air	DI Water	Gas	Steam	Vacuum	Other

# of FTEs: Current _____ Future _____

Justification: _____

Funding Sources: _____ _____ _____

OFFICIAL USE ONLY

Recommendations: _____

School/CSA/OAA Approval: _____ Date: _____

CSA Approval: _____ Date: _____

Space Assigned: _____

Completed forms should be sent to Space & Property Acquisition, Box A059