

# SPACE ALLOCATION REQUEST

## SOUTHERN ILLINOIS UNIVERSITY

### Requestor Information

Name:

Request Date:

College, School, Department,  
or Academic Unit:

Email:

Phone:

### College/School/Department/Academic Unit Information

College, School, Department, or Academic Unit  
Requesting Relocation:

Current Building/Room Location:

Proposed Building/Room Location:

Is remodeling required?

Is painting required?

Will furniture or equipment be moved?

Enter the unit currently assigned to the proposed space:

Does the assigned unit agree to the reallocation?

After consulting with the Office of Information Technology regarding new locations, describe how I.T. needs will be addressed:

Reason for Proposed Space Allocation:

Estimated Cost:

Budget Purpose:

Was the cost estimate prepared by  
Plant and Service Operations (PSO)?

If 'No' who prepared  
the cost estimate?

Fiscal Officer Signature:

College Dean, Unit Head, or Director Signature:

*Obtain all required signatures and submit via email using the button below. Attach additional information related to the proposed relocation.*