



For Information Contact:
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Space Request Form - Space Recategorization

This form is to be used for inter-Faculty or inter-Departmental space recategorization requests only. For all other space requests, the Brock University Space Request Procedures document and process is to be followed.

| | |
|-------------------------------------|---------------------|
| Faculty & Department or Department: | |
| Contact Name: | Ext.: |
| Date: | Decision Needed by: |

Rationale for proposed recategorization request.

Describe how existing displaced uses will be accommodated.

| Building | Room No. | Current Department | Proposed Department | Current Categorization | Proposed Categorization |
|----------|----------|--------------------|---------------------|------------------------|-------------------------|
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| | | | | | |

Space Categories - Refer to the COU "Building Blocks" User Guide for Space Standards Reporting for definitions.

- | | | | | |
|-------------------------|---------------------|----------------------|---------------------|------------------------|
| 1 Classrooms | 2 Teaching Labs | 3 Research Labs | 4 Academic Offices | 5 Library |
| 6 Athletic / Recreation | 7 Food Service | 8 Bookstore / Retail | 9 Maintenance | 10 Admin. Offices |
| 11 Study Space | 12 Central Services | 13 Health Services | 14 Student Activity | 15 Assembly & Exhib. |
| 16 Non-assignable | 17 Residences | 18 Animal Space | 19 Other | 20 Clinical Facilities |

Authorization for Submission (to be signed by Dean or Associate Vice-President)

| | |
|------------|-------|
| Signature: | |
| Position: | Date: |

Decision by Space Evaluation Committee (SEC)

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|---|---|
| <input type="checkbox"/> Request Approved | <input type="checkbox"/> Request Denied: (see attached for explanation) |
| Signature of Associate Director, Space Management and Planning: | |
| Date: | |