

INSTRUCTIONS FOR APPLICANT

- Please complete the request form with as much information as possible.
 - Please have the completed request form signed off on by your **Department Chair** and **Dean**, or your **Director** and **Vice President**.
 - Email the signed request form to us at FMPC@moravian.edu
 - Your signed request will be reviewed by the Space Committee. You will be contacted as to when the Space Committee will meet next.
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- If you have any questions about submitting a request, please contact FMPC at 610-861-1550.

PLEASE NOTE AUTHORIZATION SIGNATURES ARE REQUIRED, SEE ABOVE.

APPLICANT INFORMATION

1. Date of Request: _____
2. Applicant name: _____
3. Applicant title: _____
4. Department: _____
5. Phone Number: _____
6. Email address: _____

PROJECT CONTACT INFORMATION (if different from Applicant)

7. Name: _____
8. Phone: _____
9. Department: _____
10. Email: _____

REQUEST INFORMATION

TYPE OF REQUEST

11. Space Request

☐ Request for new space (new for your department and/or programme)

- ☐ Request for space reassignment or change of function (e.g. office to conference room)
- ☐ Request for creation or reuse of vacant space

Is the request

- ☐ Temporary (< 1 year)
- ☐ Long term (> 1 year)

Will existing space be vacated? (Are you giving up any of your existing space)

- ☐ Yes
- ☐ No

Description of the space required and the activities to be accommodated:

REQUEST LOCATION AND SCHEDULE

Campus: _____

Building Name: _____

Room Number(s): _____

Street Name: _____

Other information: _____

Desired occupancy date: * _____

*Note: level of required renovation work will impact our ability to meet this date.

SIGNATURE APPROVALS

1. Department Chair or Director – Please check the box, then sign and date below.

☐ I approve

Sign and date here

2. Department Dean or Vice President – Please check the box, then sign and date below.

☐ I approve

Sign and date here