**Appendix C - Space Change Form**

Space Reference Number

(Estates use only):



# Space Change Form

**This form must be completed for all changes in space which necessitate updating the Space Occupancy Record and/or floor plans.**

## CONTACT INFORMATION

**Name:**

## Email:

**Telephone: School/Professional Service**: **Discipline/Section**:

## CURRENT LOCATION

**Building(s)**:

## Room(s):

**Required Date of Change**:

## TYPE OF CHANGE REQUESTED

**Request for Additional or New Space**

**Notification to Vacate Space**

**Change of Use**

***(no of occupants, re purposing of space etc)***

**Other**

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1. **ADDITIONAL INFORMATION**

## If applicable, please provide a detailed description of the required change including:

## Overview of request: - (to include details of the spaces in question if known)

## Description of any building works required: -

## Details of IT requirement: -

## Desired final capacity of space: -

## Anticipated Cost: -

## Source of Funding: -

## Details of any discussions already held with Estates/IT: -

1. **AUTHORISATION**

If the space change involves more than one School/Section, each Head of School/Director must sign the form to authorise the space re-allocation. Please insert new signature blocks as required.

Please send the completed form to: gregg.wilkins@abdn.ac.uk

## Signatures:

**Head of School/Director (1)**

Name: School/Section: Signature:

Date:

**Head of School/Director (2)**

Name: School/Section: Signature:

Date:

1. **Panel’s Decision**

 **Panel to provide details of decision reached and any next steps if applicable: -**