

Change in Assignment and Designation of Space

Ball State University

Facilities Planning & Management

Complete form providing as much detail as available. After signatures obtained, forward to Facilities Planning & Management.

For FPM Use
Date Rcv'd

Name _____	Phone # _____
Department _____	E-mail Address _____

Description of Request & Intended Use of Space Attach additional comments or diagrams as needed. Be as specific as possible.

Justification for Change Attach additional information as needed. Be as specific as possible.

Reviews

_____ Unit Head (Print or type)	_____ Signature of Unit Head	_____ Date
_____ Dean/Administrative Head (Print or type)	_____ Signature of Dean/Administrative Head	_____ Date
_____ Vice President (Print or type)	_____ Signature of Vice President	_____ Date

Recommendation

_____ Signature of Assoc. Vice President, Facilities Plng & Mgmt	<input type="checkbox"/>	<input type="checkbox"/>	_____ Date
	Recommended	Not Recommended	
_____ Space & Facilities Advising Committee	<input type="checkbox"/>	<input type="checkbox"/>	_____ Date
	Recommended	Not Recommended	

COMMENTS:

_____ Signature of University President	<input type="checkbox"/>	Approval of Committee Recommendation	_____ Date
--	--------------------------	--------------------------------------	---------------