

# 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 add'l 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 _____
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Dean/Administrative Head (Print or type) _____	Signature of Dean/Administrative Head _____	Date _____
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**Recommendation**

Recommended

Not Recommended

Chair of Space Management & Deferred Maintenance Committee _____	Date _____
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COMMENTS:

Chair of Space Management & Deferred Maintenance Committee consulted with Provost