

**Space Request/Reassignment Form**

UVU Facilities Planning, Mail Stop 155

**Space Request/Reassignment Notification Representative**

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| Building Name or Location |  | Name |
| Room Number(s) |  | Department/Title |

**Required Signatures**

What semester would this new utilization and/or reassignment become effective? :

How will this Request impact other departments/divisions, and, if so, have you discussed this Request with them?

|  |  |
| --- | --- |
| Name of Department Head or Director |  Signature Date |
| Name of Dean |  Signature Date |
| Name of Vice President |  Signature Date |

**Justification/Explanation**

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