

SPACE REQUEST FORM INSTRUCTIONS

*Please be sure you Adobe Software is updated.
For the update please click here.*

When completing this form for new or vacated space please follow the following steps:

Complete the fillable fields for:

REQUESTOR NAME: Name of person requesting space

DEPARTMENT: Department of Requestor

PHONE NUMBER: Contact phone number

EMAIL: Email Address of Requestor

REQUEST DESCRIPTION: Description

JUSTIFICATION FOR REQUEST: Reason

SPECIAL NEEDS: List needs for vents/power/etc.

FUNDING SOURCE: Account #

To SUBMIT for each signature:

1st Signature - REQUESTOR

Click **Checkbox**

Click on **Signature Line** and follow on-screen directions to create a digital signature

You will be asked to **SAVE** the form; **SAVE** the form; your signature will appear

Click **SUBMIT TO DEPT. HEAD** button

An Email Message will open; **TYPE** the address to the Department Head and **SEND**

2nd Signature - DEPARTMENT HEAD

Click **Checkbox**

Click **PHONE:** Department Head Phone Number

Click on **Signature Line** and follow on-screen directions to create a digital signature

You will be asked to **SAVE** the form; **SAVE** the form; your signature will appear

Click **SUBMIT TO DEAN** button

An Email Message will open; **TYPE** the address to the Department Head and **SEND**

3rd Signature - DEAN

Click **Checkbox**

Click on **Signature Line** and follow on-screen directions to create a digital signature

You will be asked to **SAVE** the form; **SAVE** the form; your signature will appear

Click **SUBMIT TO V.P.** button

An Email Message will open; **TYPE** the address to the Department Head and **SEND**

4th Signature - VICE PRESIDENT

Click **Checkbox**

Click on **Signature Line** and follow on-screen directions to create a digital signature

You will be asked to **SAVE** the form; **SAVE** the form; your signature will appear

Click **SUBMIT TO SPACE ADVISORY COMMITTEE** button

An Email Message will open; the address for the Space Advisory Committee will be present; Click **SEND**

SUNY Potsdam Space Request Form

This form is required to be submitted to the Space Priority and Allocation Committee to request new or vacated space, change in capacity or function of space or change in existing space.

Requestor Name:

Department:

Phone No:

Email:

Request Description:

Justification for
Request:
Please include a
suggestion for location
and/or change.

Special Needs:
(Ventilation/Fume
Hoods/ >115V
Power/etc.)

Funding Source:

REQUESTOR Requestor:

DEPT. HEAD
APPROVAL Department Head:
Phone:

DEAN
APPROVAL Dean:

VP
APPROVAL Vice President:

Please click "*SUBMIT TO COMMITTEE*" to send form
To the Space Priority and Allocation committee Chair

Space Advisory
Committee
Comments:

Estimate Costs:

SPACE ADV.
APPROVAL Space Advisory
Chair: