University of Arizona College of Medicine Space Request Form

Research Space	□ Administrative Space	Educational Space
Prospective Occupant	: Information	
Name (Last, First):		Title:
E-mail:		Telephone Number:
College: Medicine		Department:
Business Manager Na	me:	Business Manager email:

Justification, e.g. new hire, new program (Details can be included in a separate attachment)

Long term or short term (until when?) request:

Other space held by or available to prospective occupant

Administrative, Educational or Re	search Dry Lab Space
Proposed Activity	Number of cubicles needed, names and titles of occupants, proposed number of hours to be spent in the space.

Research Wet Lab		
Proposed Activity	Space needs (Sq. Ft. or linear bench Ft.)	Open lab or support room? (justify)

Office Space (Faculty PI or Senior Administrator only)

□ Shared Office

 $\hfill\square$ Dedicated Office

Number of hours per week:

Proposed Activity:

Special Needs (e.g. Chem/Bio/Rad safety, proximity to equipment/other departments, other needs not listed above):

Funding Information		
List all funding (including startup) that would	support activ	ities to be carried out in the requested
space. Prorate if activities will be carried out b	ooth in COM-	T and elsewhere.
Add to table if needed or provide Analytics (o	r other valida	ated source) printout with this information.
Grant/Contract Title:		Principal Investigator:
Sponsor		Grant/Contract #
Annual Direct Costs to Requestor:	Total Award	d Period (Dates):
Grant/Contract Title:		Principal Investigator:
Sponsor:		Grant/Contract #
Annual Direct Costs to Requestor:	Total Award	d Period (Dates):
Grant/Contract Title:		Principal Investigator:
Sponsor:		Grant/Contract #
Annual Direct Costs to Requestor:	Total Award	d Period (Dates):

Department space committee:	
Reviewed By Department Space committee (Yes/ No):	
Department Space Committee Recommendations:	

Comments

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Director/Department Head	Date
Dean (if from college other than COM-T)	Date

COM-T Space Request Form Rev. 12.12.2023