

RESEARCH SPACE REQUEST

University of Nebraska Medical Center

REQUESTOR INFORMATION			
Faculty Name	College/Institute and Department	Requested date of occupancy	
Current space assignment (if applicable) Faculty primary office: _____ Other space (building and room): _____		Please provide the number of rooms you are requesting by type: <input type="checkbox"/> Office* _____ <input type="checkbox"/> Equipment Room _____ <input type="checkbox"/> Wet lab _____ <input type="checkbox"/> Tissue Culture _____ <input type="checkbox"/> Dry Lab _____ <input type="checkbox"/> Other _____	
Space Request Type <input type="checkbox"/> New faculty <input type="checkbox"/> Relocation of existing space <input type="checkbox"/> Space modification <input type="checkbox"/> Additional space		Do you have funds for relocation/expansion/modification? <input type="checkbox"/> Yes, list source: _____ <input type="checkbox"/> No	
Programmatic need and how space will be used:			
PERSONNEL WORKING IN SPACE			
Name (or TBD)	Title	FTE in the space	New/Existing
Do you need large or special equipment to be sited in the space? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, does the equipment include ultralow freezers? <input type="checkbox"/> Yes / <input type="checkbox"/> No		Other large or specialized equipment:	
If yes: <input type="checkbox"/> Water-cooled OR <input type="checkbox"/> Air-cooled / <input type="checkbox"/> Upright OR <input type="checkbox"/> Chest			
Have you identified space that may be available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the location? Building: _____ Room numbers: _____		If no, what are considerations for space (proximity to other faculty, equipment, etc.)?	
Will there need to be remodeling or enhancement to accommodate your proposed use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the location? Building: _____ Room numbers: _____		Does the department guarantee funds to revert modifications? <input type="checkbox"/> Yes; list the source: _____ <input type="checkbox"/> No	
If yes, summary of modifications proposed:			
Additional notes (optional)			
REQUEST APPROVAL (indicates accuracy of information and concurrence with request)			
Signature of Chair		Signature of Dean or Director	
Date		Date	
To be completed by Office of Research			
Signature Director of Research Resources		Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Returned for more information	
Office of Research comments:			