

To be completed by Office of Research	Space Metric Current: _____ Updated: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Returned for more information
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New Space Assignment:		
Date Finalized:	cc'd:	Signature: Asst VC of Research Resources
Comments:		

RESEARCH SPACE REQUEST
University of Nebraska Medical Center

The University of Nebraska Medical Center (UNMC) uses a merit-based system to assign research space. As new requests are considered, they could affect your research assignment over time, based on the funding metric of those requesting space. Please note, assignment of office space is also governed by the evolving faculty and staff office policy. For more information, please reference the [Research Space wiki page](#).

The policy and space metric ensures the procedure for assignment or re-assignment of research space is transparent and applied uniformly. Investigators with the lowest space metric values are candidates for resizing to make room for recruits or researchers displaced by other facility needs.

REQUESTOR INFORMATION

Faculty Name	College/Institute and Department	Requested date of occupancy
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Current space assignment (building and room; if applicable) Faculty primary office: _____ Other space: _____	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 _____
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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
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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? Yes No

If yes, does the equipment include ultralow freezers? Yes / No Other large or specialized equipment:
If yes: Water-cooled OR Air-cooled / Upright OR Chest

Have you identified space that may be available? Yes No

If yes , what is the location? Building: Room numbers:	If no , what are considerations for space (proximity to other faculty, equipment, etc.)?
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Will there need to be remodeling or enhancement to accommodate your proposed use? Yes 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
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If yes, summary of modifications proposed:

Additional notes (optional)

REQUEST APPROVAL (indicates accuracy of information and concurrence with request)

Signature of Chair	Date	Signature of Dean or Director	Date
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