MIDDLE GEORGIA STATE COLLEGE
REQUEST FOR SPACE/CHANGE OF OCCUPANCY AND/OR USE OF SPACE
(THESE FORMS ARE INTENDED TO HELP US KEEP TRACK OF SPACE)

Part I: REQUEST

Date: ______________________
Requestor Name: ______________________
Department Name: ______________________
Telephone Number: ______________________
Building/Room(s) Impacted: ______________________
Current Room Usage Description:
________________________________________________________________________
________________________________________________________________________
New description for room:
________________________________________________________________________
________________________________________________________________________
Justification for Change:
________________________________________________________________________
________________________________________________________________________

Part II: ADMINISTRATIVE APPROVALS

Requestor signature: ______________________
Dean/Department head signature: ______________________

RETURN TO: JANET KIRKPATRICK, PLANT OPERATIONS, COCHRAN CAMPUS

Part III: ACTION BY APPROPRIATE VICE-PRESIDENT

Vice President (Academic) if faculty: ______________________
Vice President (Fiscal Affairs) final approval on all request(s) ______________________

___ Approved ___ Denied Date ______________________

*PLEASE FOLLOW THE APPROVAL PROCESS IN PART II FOR THE ROUTING OF THIS FORM. PLEASE NOTE FORM MUST BE SUBMITTED AND APPROVED BEFORE MOVING TO A NEW LOCATION OR CHANGING ROOM USAGE OF SPACE. YOU WILL BE NOTIFIED ONCE THIS FORM HAS BEEN APPROVED OR DENIED. PLEASE CONTACT JANET KIRKPATRICK, PHYSICAL PLANT (COCHRAN CAMPUS) WITH ANY QUESTIONS (478-934-3161).