

UW Space Assignment and Management

Change of Classroom Classification Form

Introduction: UW Regulation 6-7 defines space assignment and management at the University of Wyoming, and outlines how the process is to be carried out. Requests to convert any instructional space to another use requires a space analysis performed by the Space Management Office to determine if there is a better alternative to the conversion of a classroom to meet the needs of the unit making the request.

Please complete the form and submit to the Space Management Office at Space@uwyo.edu.

I. Requested By:

_____ Department

_____ College/Division

II. Situation:

1. Change in the use of existing space
 - a. Building: _____ Room No. _____
 - b. Current Use: _____ Proposed Use: _____
2. Classroom: Number of student seats: _____
 - a. Seating type: Fixed____, Moveable____
 - b. Seating layout: Auditorium____, Tables/chairs____, Tablet armchairs____
3. Teaching Lab: Complete Addendum A

IV. Proposed Usage: Please explain the proposed usage of the room.

1. Office Information: Person(s) and Title _____
2. Office Service (copier, files, mail boxes): _____
3. Conference Room - seating capacity: _____
4. Research Laboratory: Complete Addendum A.
5. Storage/Warehouse: _____
6. Other _____ Sq. Ft.

IV. Timeline: The time the Classroom change in function would occur.

1. Temporarily: Beginning _____ and ending _____.
2. Permanently: Beginning _____.

Note: *Please submit at least six months in advance of anticipated change.*

UW Space Assignment and Management

Change of Classroom Classification Form

V. Reasons for Request: Attach a detailed narrative that follows the below format:

1. **Description:** Please provide a succinct description of your change request, including what is being requested and why. Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.
2. **Proximity:** Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
3. **Location:** Indicate the location of the classes to be displaced by change in classroom allocation.
4. **Options explored:** Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under-utilized space to solve this need? Has the department/college re-evaluated the space assigned to lower priority initiatives? What possibilities for department shared classrooms have been explored?
5. **Timing:** Describe any programmatic issues affecting the timing of your change in classroom allocation. Please allow six months for processing your request.
6. **Parking/Transportation:** Describe any special parking and transportation access needs.
7. **Other:** Any other information that will support or better define this classroom change request.

Submitted/Endorsed by:

_____ Signature of Dept/Unit Head (date)	Name of Department/Unit Contact Person: _____
_____ Signature of Dean/Director (date)	Building: _____
_____ Signature of Vice President (date)	Phone: _____
_____	e-mail: _____

Unsigned request will not be considered.

Please submit this request to the space@uwyo.edu.

Please note: After approval, it will be the responsibility of the requesting party to obtain cost estimates for conducting any work or moving expenses. It will be the responsibility of the requesting party to provide the funding for such expenses.

UW Space Assignment and Management

Change of Classroom Classification Form

Addendum A

Teaching Lab

Number of student seats: _____ Number of computers: _____

Lab type: Wet____, Dry____

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fumes Hoods: Number/Size _____

Waste (specify): Liquid____, Dry____, Biohazard____, Radioactive____

Amount (volume/week) _____

Are operations covered by an existing safety plan: Yes____, No____

Research Lab

Number of workstations? _____

Lab type: Wet____, Dry____

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fumes Hoods: Number/Size _____

Waste (specify): Liquid____, Dry____, Biohazard____, Radioactive____

Amount (volume/week) _____

Are operations covered by an existing safety plan: Yes____, No____

Contract/Grant Effective Dates

Total \$ Amt. of Agreement

UW Space Assignment and Management

Change of Classroom Classification Form

For Office Use Only:

Approval From:	

Academic Affairs	(date)

Central Scheduling	(date)

Classroom Technology Advisory Committee Representative	(date)

Space Allocation Committee Representative	(date)