

MIDDLE GEORGIA STATE UNIVERSITY

REQUEST FOR SPACE/CHANGE OF OCCUPANCY AND/OR USE OF SPACE

(THIS FORM IS USED TO ENSURE REPORTING OF ACCURATE SPACE

Part I: REQUEST

UTILIZATION INFORMATION)

Date:

Requestor Name:

Department Name:

Telephone Number:

Building/Room(s) Impacted:

Current Room Use and Description:

New description for use of room

Justification for Change:

Part II: ADMINISTRATIVE

