

This form is to be used for any departmental space moves or newly acquired spaces. Complete Section B if moving from one space to another. Complete Section C if you are moving into a vacant space and do not currently reside in an existing space. Please enter any notes pertaining to the space move under Section D.

Reference #: \_\_\_\_\_  
Generate a Reference # with the

**A. Contact Information**

Requesting Department: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**B. Space Move/Change**

Current Location: Identifies existing location, departmental assignment, room use, and occupancy.

This occupant no longer occupies this space.

Building	Room #	Occupant Name	Dept #	Room Use (Office, Classroom, Storage, Etc.)	Occupant Group (Director, Grad, Student, Etc.)	Effective Date

New Location: Identifies new location, departmental assignment, room use, and occupancy.

Building	Room #	Occupant Name	Dept #	Room Use (Office, Classroom, Storage, Etc.)	Occupant Group (Director, Grad, Student, Etc.)	Effective Date

**C. Newly Acquired Space\***

Newly Acquired Space: Identifies department moving into a vacant space, departmental assignment, room use, and occupancy.

Building	Room #	Occupant Name	Dept #	Room Use (Office, Classroom, Storage, Etc.)	Occupant Group (Director, Grad, Student, Etc.)	Effective Date

**\*If space is newly acquired, you must complete Section E. and page MUST be attached to process the form.**

**D. Comments**

**E. Authorizations**

Complete this section only if Section C. of this form is utilized.

\_\_\_\_\_  
Head of requesting department - Printed Name

\_\_\_\_\_  
Head of requesting department - Signature

\_\_\_\_\_  
Head of current occupying department- Printed Name

\_\_\_\_\_  
Head of current occupying department- Signature

\_\_\_\_\_  
Dean or Director of current occupying department - Printed Name

\_\_\_\_\_  
Dean or Director of current occupying department - Signature

\_\_\_\_\_  
Vice President Finance and Administration - Printed Name

\_\_\_\_\_  
Vice President Finance and Administration - Signature

\_\_\_\_\_  
Provost - Printed Name

\_\_\_\_\_  
Provost - Signature

*Upon receipt of the completed form, a copy will be e-mailed to the head of the requesting department, the head of the occupying department, and the contact indicated in section A.*

Route this completed form to:

Facilities Management  
Work Control Group  
Thorson Maintenance Center

701-231-5862 phone  
701-231-8008 fax

ndsuhfacilitiesmanagement@ndsuhedu

Reference #: \_\_\_\_\_