

UNIVERSITY OF WEST GEORGIA
SPACE ALLOCATION REQUEST

Date: _____

Building Name & Location: _____ **Room Number:** _____

Originating Department: _____

Contact Person: _____ **Phone Number:** _____

Description of Space:

Justification:

Approvals:

Dept. Head: _____

Dean: _____

Vice President: _____

Assistant VP for Campus
Planning and Facilities: _____

VP Business and Finance: _____

VP Academic Affairs: _____

Effective Date: _____

Space Allocation Approval # _____ Space Inventory Room Use Category: _____