Merze Tate Center for Research and Innovation - Space Request Form

Date of Request:

A. Requesting Department

<table>
<thead>
<tr>
<th>Faculty Member Requesting Space</th>
<th>Title</th>
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Department/Unit

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<tr>
<th>Contact Person</th>
<th>Name</th>
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<th>Phone Number</th>
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Name of Program/Project

B. Space Use

1. New request: □ Yes □ No If Yes, start date:

2. Continuation: □ Yes □ No If Yes, current PI total square footage:

C. Time Commitment

1. Duration/length of external funding:

For the following sections D. – G., attach additional supporting information if needed.

D. Description/ Special Requirements

Please describe the type of space/resources requested (offices, filing cabinets, etc.). This may include proximity to other resources or offices. Indicate of there is a particular space that is requested or best suited for this request.

1. Approximate total square footage needed:

E. Funding Source(s)

Please describe the source of funds and any additional funding available that may be used for related expenses, i.e. moving costs, furniture, renovation costs, etc.

F. Staff and Hours Worked

Please list all staff members and the number of hours they work each week.

1. _________________________________ Hours/Week _______ 10. _________________________________ Hours/Week _______

2. _________________________________ Hours/Week _______ 11. _________________________________ Hours/Week _______

3. _________________________________ Hours/Week _______ 12. _________________________________ Hours/Week _______

4. _________________________________ Hours/Week _______ 13. _________________________________ Hours/Week _______

5. _________________________________ Hours/Week _______ 14. _________________________________ Hours/Week _______

6. _________________________________ Hours/Week _______ 15. _________________________________ Hours/Week _______

7. _________________________________ Hours/Week _______ 16. _________________________________ Hours/Week _______

8. _________________________________ Hours/Week _______ 17. _________________________________ Hours/Week _______

9. _________________________________ Hours/Week _______ 18. _________________________________ Hours/Week _______

G. Signature

Requesting Faculty ___________________________ Date ____________

Please email completed form to the Frostic Endowed Chair for Research and Innovation jianping.shen@wmich.edu.