University of Idaho Boise  
Space Request and Approval Form

College or Unit ________________________________

Phone ________________________________ Date __________________

**Space Request**  
Type of space needed (please provide detail):
Cubicle ________________________________
Office ________________________________
Other (estimate of square footage desired) ________________________________

Describe space need/use:

________________________________________

________________________________________

________________________________________

Date space is needed ________________________________

Duration of space need ________________________________

**Approvals**

Person initiating request ________________________________ Date __________________

College Dean ________________________________ Date __________________

Local College/Unit Administrator ________________________________ Date __________________

Center Executive, Southwest Idaho ________________________________ Date __________________

*Space approval expires 60 days after Center Executive signs the request.*