

# College of Engineering Space Change/Transfer Form

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Department Name:

Requestor Name:

Building:

Room Number:

Today's Date:

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## Type of Request (may be more than one)-

### Change (please specify):

Change of Occupant

Change of Use

*(If change of occupant)*

Current Occupant:

New Occupant:

*(If change of use)*

New Purpose:

Room Use Code (7 digits):

Capacity:

Square footage:

### Transfer (please specify):

Permanent Transfer

Temporary Transfer

Current Department:

Transfer Department:

Purpose of Transfer:

**Change/Transfer Start Date:**

**Temporary Transfer End Date:**

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Requester Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Dept. Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Transfer Dept. Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Dean for Research  
and Innovation Signature: \_\_\_\_\_

Date: \_\_\_\_\_