

Morsani College of Medicine Research Space Request

Requestor Information

Department: _____ Date: _____

Faculty Name: _____

Current Space Allocation (include room # and total sq. ft)

Office: _____

Lab: _____

New Space Request (include room # and total sq. ft)

Office: _____

Lab: _____

Grant Information

Funding Agency	Grant #	Last FY <u>or</u> 3-year Average Expenditures	\$ per square feet by total expenditures

Total \$: _____

Note: Do not state total grant awards or other data here. For new grants, state the projected expenditures for the upcoming fiscal year.

Approvals

Chair: _____

Vice Dean: _____