For FPM Use Change in Assignment and Designation of Space **Ball State University Facilities Planning & Management** Complete form providing as much detail as available. After signatures of Unit Head and Dean/Administrative Head obtained, forward to Facilities Planning & Management. Date Rcv'd **General Information** Name Department Phone # E-mail Address Change In Use Requested in: Building Current Room Use Room # **Description of Request & Intended Use of Space** Attach additional comments or diagrams as needed. Be as specific as possible. Justification for Change Attach additional information as needed. Be as specific as possible. **Reviews and Approvals** Unit Head (Print or type) Signature of Unit Head Date Dean/Administrative Head (Print or type) Signature of Dean/Administrative Head Date Signature of Assoc. Vice President. Facilities Plng & Mgmt Recommended Not Recommended Date Space & Facilities Advising Committee Not Recommended Recommended Date COMMENTS: Approval of Committee Recommendation Signature of University President Date