



Request for space
Update space assignment

FACULTY OF HEALTH SCIENCES | Non-Research Space

Please submit completed form to Todd Pentlichuk: pentlit@mcmaster.ca

Date:

GENERAL INFORMATION

Requestor Name and Title

Department

Office Location

SPACE CATEGORY

Proposed Occupant(s)

Role/Position of Occupant(s)

Full-Time/Part-Time

Start Date or Requested Move Date

End Date (if applicable)

Proposed Office Location
(building, room, workstation number)

Previous Location (if applicable)

OTHER INFORMATION

Please provide further details or information that will assist in addressing the space request, including rationale, such as new program or initiative, new recruit, staffing change, etc.

APPROVAL

<hr/> Department Chair, Administrative Leader (please print)	<hr/> Signature	<hr/> Date
<hr/> Requestor Name (please print)	<hr/> Signature	<hr/> Date