

## Instructions:

- The purpose of this questionnaire is to gather information that explains and supports requests for new space on Yale's central campus.
- This information will provide the basis for the Provost's Space Planning Advisory Committee ("SPACe") to advise the Provost on how best to accommodate the department/program's space needs.
- The request should be signed by the cognizant Dean or Vice President, who will be invited to meet with the committee for presentation of the space request.
- Please send the completed questionnaire to <u>Lloyd Suttle</u> in the Provost's Office.

Space Request Questionnaire	
1. Department/Program submitting the	e request
2. Why does the department/program consolidation or relocation of prog	need additional space (e.g., new program; growth of current programs, faculty, or staff; grams; swing space; other)?
3. If new or additional space is assign	ed to the department/program, will it be vacating any of your current space? If so, please describe.
4. If additional space is not available, needs described above?	how will the department/program adapt its programs or use its current space to accommodate the
How does this request support the documents.	department/program's strategic goals? Please provide any associated strategic planning
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work hybrid schedules (that is, in t	e number of current faculty and staff and the amount and use of current space. If any of the staff the office some days and remote other days) or work fully remotely, please explain.
7. How much and what kind of addition	anal space is the department/program requesting? Please provide as much detail as possible.
a. Private offices	nai space is the department/program requesting: Frease provide as much detail as possible.
b. Shared offices	
c. Workstations	
d. Meeting rooms/collaboration space	
e. Teaching spaces	
i. Classrooms	
ii. Laboratories	
iii. Other	
f. Social/gathering spaces	
g. Storage space	
h. Other (please explain)	
11. Other (piedde expiditi)	

8. Are there any unique accessibility needs of the department/program's space?  9. Will any of the additional space be used for sponsored projects? If so, please prov	ride details.	
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0. Are there any special requirements that SPACe should take into consideration, su characteristics of the space the department/program is requesting?	ich as location, pro	ximities, hours of operation, or
Please provide any additional information that SPACe should consider in support	of the depositment/	avagramia vagraat
1. Please provide any additional information that SPACe should consider in support	or the department	program s request.
ean/Vice President Approval		
By signing below, I affirm to the best of my knowledge that the information contain	ned in this form is tru	e, accurate, and complete.
I further affirm that I agree with and support the request for space.		
I also agree to attend, if invited to do so, a meeting with SPACe to present and re	view the request for	space.
signature of cognizant	Date:	
Dean/Vice President:		