



Office Space Use Request Form

This form must be completed at least one month in advance in order to facilitate space allocation. Incomplete information will result in delays for any request.

Requestor's name _____

Requestor's Division _____

Fill out this form if you would like to have dedicated or shared office space **anywhere** on the three NSCAD Campuses. This completed request must be forwarded to and approved by the Office of Academic Affairs and Research prior to use of any office space.

Date of application _____

Supervisor's name of proposed Occupant _____

Last name of proposed Occupant: _____

First name proposed Occupant: _____

Status: of proposed Occupant _____

Contact telephone number of Proposed Occupant _____

Additional information/requirements: (keys, phone, computer, desk, file cabinet, chair)

Contact name and telephone number of Division Chair:/Responsible Person

Arrival date: _____ Departure date: _____

Budget Line account number & Division/Area
name _____

Signature of Requestor

Office of Academic Affairs & Research

D-300, 5563 Duke Street, Halifax NS

11/2012