



SAMUEL MERRITT UNIVERSITY

INITIAL REQUEST FOR ALTERNATE OR ADDITIONAL SPACE

Date: _____

Department: _____

Current Location: (i.e., building, floor, room)

Nature of Request:

Reason for Request:

Requested by: _____

Date: _____

Approved by: _____
(Appropriate President Council Member)

Date: _____

*Please return form to Lillian Harvin, for consideration and response from the Site & Facilities Committee.