



Instructions: Please complete this form when (1) new space, (2) additional space, (3) temporary space, or (4) lease renewal is required for medical research/administrative space.
 For Central space, please use [Form 1800 FR.01 Yale Central Space Request](#).
 For Clinical space, please use [Form 1800 FR.02 Yale Medicine Clinical Space Request](#).
 Please forward completed forms to susan.cascio@yale.edu.

Requester Information			
Department:			
Section:		Program:	
Requested by:		Phone #:	

Departmental Approvals (Signatures)			
Chairperson:		Date:	
Administrator:		Date:	

Program Status		Occupancy Type	
<input type="checkbox"/> 1. Relocation	<input type="checkbox"/> 3. New Program	<input type="checkbox"/> 1. Research	<input type="checkbox"/> 4. Other; please specify: _____
<input type="checkbox"/> 2. Expansion	<input type="checkbox"/> 4. Renewal	<input type="checkbox"/> 2. Administrative	
		<input type="checkbox"/> 3. Storage	

Occupied Space (<i>only</i> required for lease renewal)
If this request is for a renewal, please indicate below the location of the space being renewed.

Vacated Space (<i>not</i> required for lease renewal)	
Will any existing, assigned space be vacated by this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the proposed use of the vacated space?	

Reason for Space Request

New Space Requirements			
Number of offices:		Least term:	_____ (number of years)
Number of workstations:			_____ (number of months)
Proposed occupancy date:		Proposed end date:	

Required Adjacency Relationships

Required Hours of Operation	
Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Requirements (not required for lease renewal) (reference room types)

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List any non-standard or unique requirements, if known at this time. (not required for lease renewal)

Room finishes:		Plumbing:	
Data and phone:		Special equipment:	
Mechanical:		Storage:	
Electrical:		Other:	

Preferred Space (not required for lease renewal)

If there is a preference for a specific space, please indicate that below:

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Funding Sources / Grant Information

Sponsored Awards (Grants, Contracts, etc.):	
Departmental Funds:	
Other (please specify):	

Sponsored Award Information

Note: for all research space requests, include a copy of each Notice of Award for all relevant sponsored awards.

PI Name	Sponsor	Award Status (active, pending)	Award Start Date	Award End Date	Yale Award Number	Sponsor Award Number

Departmental Funds

Account Owner Name	Charging Instructions

Other Funds

Account Owner Name	Charging Instructions

Space Purpose Information – Occupancy Data

Space Purpose:	% of Space
Research	
Administrative / Storage	
Other	

*** The following Approvals are obtained by University Properties only after review of the above information. ***

Approvals (Signatures)

Director of Capital University Planning:		Date:	
Deputy Dean, YSM Finance & Administration:		Date:	