

SPACE REQUEST

Requested by: _____ Date: _____

For: _____
(Name)

Dept: NREL____ ESS____

Type: FT Employee____ Visitor____ PD____ GRA____

Other: _____
(Please specify)

Date From: _____

Date To: _____

Type of Space Requested: _____
(Visitor, GRA, Office, etc.)

Project: _____

PI: _____

If student, please circle one of the following: MS PhD

Give form to Nancy, A202 NESB or email to: nancy.gus@colostate.edu

For Internal Use Only

Reviewed: _____ Date: _____

Approved: yes no Space available: yes waitlist

Room#: _____

Notes: _____