

**UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE**

**Department of Allied Health Sciences**

**Space Request**

**Please Note: If the space request is related to a research/grant proposal, then the request must be submitted through the Grant Pre-Submission Notification System (GPS) –** [***http://med.unc.edu/ahs/research/gps***](http://med.unc.edu/ahs/research/gps). **There is no need to use this space request form if the request has already been processed through the GPS, unless a change is being requested.**

**Name:**

**Division/Unit:**

**Date of Request:**

**Start/end dates:**

**Division Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 New or additional offices/space (Describe additional space needs:

number of offices; on campus/off campus; full time/part time personnel, etc.):

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**Rationale:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding: Yes No**

**Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Once complete, please email to Dani Burkhart:** [**dani\_burkhart@med.unc.edu**](mailto:dani_burkhart@med.unc.edu)