



**Department of Health Sciences
Space Request**

Please Note: If the space request is related to a research/grant proposal, then the request must also be submitted through the Grant Pre-Submission Notification System (GPS) – <http://med.unc.edu/ahs/research/gps>.

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.):

Rationale: _____

Funding: Yes No
Source: _____
Amount: _____

Once complete, please email to Dani Shirey: dani_burkhart@med.unc.edu