CT STATE COMMUNITY COLLEGE
GATEWAY

10/2024

Request for Space Change

(Ex. Relocation, New Furniture, Paint, Minor Construction...Greater than Routine Work Order)

Date:

Department Requesting Space Change:

Contact Person:

Phone:

Location of Change Request:

Name of Employee Relocating:

Project Description (Please be as detailed as possible):

Project Justification (Ex. Dept Efficiency/Productivity, Increase Enrollment, Better Student Experience, Retention, etc.):

Is there a funding source or budget available to renovate or restructure the space requested? Are there Technical Needs?

☐ N/A ☐ No ☐ Yes (Please Specify)

Recommended By Director/Manager/Chair?

☐ Yes ☐ No

(sign) **Date**

Recommended By Division Head/Area Dean?

☐ Yes ☐ No

(sign) **Date**

CEO/ADCO

☐ Approved ☐ Denied

Date

Information Technology

Date IT will relocate the employee's equpment:

Please submit request to: GW-Operations@gwcc.commnet.edu