

PLEASE SUBMIT COMPLETED FORM TO OFFICE OF RESEARCH
Email to: Sandra.Jung@uth.tmc.edu
If you need assistance completing this form please contact Ms. Sandra Jung at 713-486-4026.

OFFICE OF RESEARCH -- RESEARCH SPACE REQUEST FORM

| CONTACT INFORMATION: | | | | | |
|---|--|------------------------|----------------|---|-------|
| Faculty Name: | | | Date: | | |
| Department: | | Phone: | | Email: | |
| DESCRIPTION OF SPACE NEED: | | | | | |
| Space will be used for: | | Research | Equipment | Type: Dry Lab Wet Lab | |
| Space will be used by: | | Faculty | Research Staff | Students | Other |
| Desired Use Date: | | Length of time needed: | | F&A Eligible Activity: Yes No | |
| Please briefly describe how the space will be used as well as why new/additional space is needed: | | | | | |
| Please briefly describe any special requirements for this space including the need for proximity to other facilities: | | | | | |
| REQUIRED AUTHORIZED SIGNATURES: | | | | | |
| Department Chair: _____ | | | Date: _____ | | |
| Comments: | | | | | |
| Associate Dean for Research: _____ | | | Date: _____ | | |
| Comments: | | | | | |
| Dean: _____ | | | Date: _____ | | |
| Comments: | | | | | |