澳 門 大 學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

Space Allocation and Remodeling Request Form

1. CONTACT INFORMATION:		
Requesting Unit:		Date:
Contact Person:	Phone:	Email:

2. TYPE OF SPACE REQUEST			
2.1 Change Information	2.2 Add Space	2.3 Subtract Space	2.4 Remodeling works
☐ *Change room name* ☐ *Change unit* ☐ *Change usage* (Complete Section 3)	☐ *Open space* ☐ *Addition space* ☐ *Borrow space* (Complete Section 4)	☐ *Close space* ☐ *Return space* (Complete Section 4)	☐ *No* ☐ *Yes* ☐ *No layout change* ☐ *Layout change* (Complete Section 5)

3. REQUEST FOR CHANGING EXISTING SPACE INFORMATION

☐ *Permanent*
☐ *Short-term (from _____ to _____, maximum 1 year).*

Building	Room Number	Existing Name/Unit/Usage	Proposed Name/Unit/Usage

Justification:

4. REQUEST FOR ADDING AND SUBTRACTING SPACE

☐ *Permanent*
☐ *Short-term (from _____ to _____, maximum 1 year).*

Justification:

5. REQUEST FOR SPACE REMODELING

☐ *Indoor*   ☐ *Semi-indoor*   ☐ *Outdoor*

Justification:

Describe the scope of works (by point form)

Budget
☐ *No*
☐ *Yes (Source: _____ Estimated Amount: _____)*

Technical support
☐ *No*   ☐ *Yes (Unit: _____   Sub-unit _____)*

6. UNIT HEAD ENDORSEMENT

Unit Head (signature):	Comments:
Printed Name: _____ Date: _____	