Hartnell Community College District
Request for New or Additional Space

ALL SPACE REQUESTS REQUIRE APPROVAL BY THE SUPERVISING DEAN/DIRECTOR AND VICE PRESIDENT

I. CONTACT INFORMATION:		
Requesting Program and/or Service:		Date:
Name:	Phone:	Email:

II. DESCRIPTION OF DEPARTMENT:	
A. Is this Request for a new program and/or service? If yes, attach evidence that the new program and/or service has been approved through the procedures outlined in AP 4021. If available, attach evidence that the most recent annual or comprehensive program planning and assessment (PPA) addresses program/service growth and corresponding physical space needs.	Yes ☐ No ☐
B. Briefly describe the function of your program and/or service.	
C. Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____	

D. Do you anticipate the number of people in your program and/or service increasing within the next two years?

G. Date Needed

H. Provide information on any time constraints that may affect the timing of allocation of the space.

RECOMMENDATION SIGNATURES (The signatures below indicate agreement that the space request should be considered. Recommendation to proceed does not indicate a guarantee of space for the purpose outlined in this request.)

Director/Dean:	Signature:	Date:
Comments:		
Vice President:	Signature:	Date:
Comments:		

Forward this completed form with the proper signatures and supporting documents by email to the Facilities Development Council chair, Joseph Reyes, jreyes@hartnell.edu & Laura Warren, lwarren@hartnell.edu

FACILITIES DEVELOPMENT COUNCIL ACTION

Date reviewed by Council:

Action recommended by Council:

Date Forwarded to College Planning Council for Action:

COLLEGE PLANNING COUNCIL ACTION

Date reviewed by Council:

Action recommended by Council:

Date Forwarded to Superintendent/President for Decision:

SUPERINTENDENT/PRESIDENT DECISION

Date reviewed by Superintendent/President:

Decision by Superintendent/President: