



MEDICAL UNIVERSITY OF OHIO
RESEARCH AND GRANTS ADMINISTRATION
www.meduohio.edu/research



RGA111 (5/05)

Original to RGA
Copy to VPAA
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NOTIFICATION OF CHANGE IN OCCUPANT OR ROOM USE

(THIS FORM IS TO BE COMPLETED ANY TIME THE FACULTY MEMBER ASSIGNED TO A ROOM CHANGES OR THE USE OF A ROOM CHANGES)

(COMPLETED FORM MUST BE APPROVED BY ASSOC. V.P. FOR RESEARCH PRIOR TO MOVE OR CHANGE. COPIES OF COMPLETED FORM SHOULD BE SENT TO THOSE LISTED IN UPPER LEFT CORNER)

SPACE AFFECTED

BUILDING: FLOOR: ROOM #:

FACULTY MEMBER MOVE

ROOM PRESENTLY ASSIGNED TO:

FACULTY MEMBER: Ext.

DEPARTMENT:

ANTICIPATED DATE TO MOVE OUT:

BEING REASSIGNED TO:

FACULTY MEMBER: EXT.

DEPARTMENT:

ANTICIPATED DATE TO MOVE IN:

MOVE AUTHORIZED BY: (DEPT. CHAIR OR DEAN) (TYPE OR PRINT NAME AND TITLE) (SIGNATURE)

CHANGE IN ROOM USE

PREVIOUS USE OF ROOM:

(CIRCLE APPROPRIATE ONE) FACULTY OFFICE / ADMINISTRATIVE OFFICE / RESEARCH LAB / CONFERENCE ROOM / OTHER (specify:)

NEW USE OF ROOM:

(CIRCLE APPROPRIATE ONE) FACULTY OFFICE / ADMINISTRATIVE OFFICE / RESEARCH LAB / CONFERENCE ROOM / OTHER (specify:)

ANTICIPATED DATE OF CHANGE:

CHANGE AUTHORIZED BY: (DEPT. CHAIR OR DEAN) (TYPE OR PRINT NAME AND TITLE) (SIGNATURE)

MOVE OR CHANGE APPROVED BY:

ASSOCIATE V.P. FOR RESEARCH