

UTSC Public Realm
Space Allocation Change Request

Name: _____
Title: _____
Department: _____
Email: _____

Please describe structure, exhibit, display and/or equipment:

Installation Date: _____ Take-down Date: _____
Ongoing: _____

Reason for Installation:

Impacted Spaces:

Departmental Authorization: obtain signature from Department Chair or Unit Head (Director/Exec. Director)

Name: _____ Date: _____
Signature: _____

UTSC Space Planning Committee Recommendation: Approve Deny

Committee Chair Name: _____
Committee Chair Signature: _____ Date: _____

UTSC CDD Committee Decision: Approve Deny

Committee Chair Name: _____
Committee Chair Signature: _____ Date: _____