|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Estates Management use only:**  **Application No: Click here to enter text.** | **Request for transfer/allocation/vacate/change of space use across the University estate** | | | | | |  |
| Campus: | Click here to enter text. | Building: | | | Click here to enter text. | Room No/Ref: | Click here to enter text. |
| Current use: | Click here to enter text. | | | | | | |
| Proposed use: | Click here to enter text. | | | | | | |
| Reasons for proposed change of ownership/ use: | Click here to enter text. | | | | | | |
| Requested by: | | Name: | | | Click here to enter text. | Signed: | Click here to enter text. |
| **Role:** Click here to enter text. | |
| Approved by: | | Name: | | | Click here to enter text. | Signed: | Click here to enter text. |
| Dean/Director – delete as appropriate | |
| Sent to Estates & Facilities on: | Click here to enter text. | | | | **Estates Management use only: Received on:** | | **Click here to enter text.** |
| **Once the above section is complete and dated, please forward to s.rogers2@wlv.ac.uk in Estates & Facilities Directorate.** | | | | | | | |
| **Reviewed by Estates & Facilities** | | | | | | | |
| Delete as appropriate: Recommended/Not Recommended | | | Reason for Decision: Click here to enter text. | | | | |
| Role: Click here to enter text. | | |
| Position: Click here to enter text. | | |
| Signed: Click here to enter text. | | |
| **Reviewed by Registry** | | | | | | | |
| Delete as appropriate: Recommended/Not Recommended | | | Reason for Decision: Click here to enter text. | | | | |
| Role: Click here to enter text. | | |
| Position: Click here to enter text. | | |
| Signed: Click here to enter text. | | |
| **Reviewed by Directorate of Academic Support** | | | | | | | |
| Delete as appropriate: Recommended/Not Recommended | | | Reason for Decision: Click here to enter text. | | | | |
| Role: Click here to enter text. | | |
| Position: Click here to enter text. | | |
| Signed: Click here to enter text. | | |
| **Following stakeholder comments above, the request will be submitted by E&FD to Corporate Management Team (CMT), and the outcome referred to the originating Dean/Director and Faculty Registrar.** | | | | | | | |
| **Reviewed By CMT** | | | **Date** | Click here to enter text. | | | |
| Delete as appropriate: Agreed/Declined | | | Reason for Decision: Click here to enter text. | | | | |
| Signature of Chair/Delegated Authority: Click here to enter text. | | |
| Signed: Click here to enter text. | | |
| **Copied to:** | | | | | | | |
| DAS - IT Services  E&FD – Estates Management  Finance  Registry - Central Timetabling Unit | | | | | | | |