EXHIBIT 1

PALO ALTO COLLEGE

Space Request Form

Completed form should be submitted electronically to pac-operations@alamo.edu

- Name and Department of the requestor:
- Identify the space requested (i.e., location, type, adjacencies):
- Rationale for requesting the space (including a statement about how the proposed change will contribute to the fulfillment of the college's Strategic Plan initiatives):
- Is this request a temporary or permanent change to the space use?
- Are you seeking additional space or intending to move and vacate currently assigned space?
- Have alternatives to moving to new space been considered?
- Is the space currently occupied or in use and have the current occupants been consulted?

 If the space requested is currently a classroom, please specifically address how the existing classes and students will otherwise be accommodated by providing detailed time, day, location of the displaced classes, and information that addresses the space amenities (technology, equipment) required.
- What adjacent departments/offices will be impacted by the proposed move and have they been consulted?
- Anticipated numbers of users per month, semester, or year:

• What renovations/remodeling do you anticipate as a result of this reallocation	of space?
• Estimated costs, and proposed funding source for possible remodel/renovation furnishings, equipment, and/or technology costs:	ı,
• Time frame required for remodel/renovation:	
• If equipment will be donated, provide the following:	
What is the size of the donation?	
What is the proposed location on campus?	
Plan, fund plan, and owner for maintenance:	
How does this donation support and align to curricular offering?	
Additional:	
*Note: Cash and In - kind donation form must also be submitted	
Signature below means the following individuals have reviewed the request. Con	nments may be
attached at the end of the document.	
Requestor	Date
Department Head or Supervisor	Date
Dean	Date
Vice-President	Date