

REQUEST FOR REVIEW OF PROPOSED CAMPUS RETAIL SPACE USE

DATE: _____

Forward completed form to Real Estate Development (0982). Questions may be directed to the Real Estate Development Office at x41488.

REQUESTING DEPARTMENT INFORMATION

Requesting Department: _____

Dept. Contact: _____ Ext: _____ Mail Code: _____

Fax Number: _____ E-mail Address: _____

Initiating Party (Dean, Provost, Departmental Head, MSO)

Name _____ Title _____

Signature _____ Date _____

Authorizing Party (Vice Chancellor/Vice Chancellor's Representative)

Name _____ Title _____

Signature _____ Date _____

RETAIL SPACE AND PROPOSED USE INFORMATION

Preferred Location _____

(Attach Site Plan identifying preferred location and existing nearby retail locations. Attach Floor Plan (if available.))

Proposed Use (be specific - include typical services to be performed): _____

Is Location/Use in accordance with UCSD Retail Services Study? _____

(A copy of the UCSD Retail Services Study Executive Summary can be obtained at:

<http://www-red.ucsd.edu/retailcommittee.htm>.)

Location is in ___ (Choose One) (1) New Building/New Space (2) Existing Building/Re-Use Space

(3) Existing Building/New Space (4) Outdoors (5) Other _____

Size (Assignable SF "ASF"): _____

Projected Commencement Date _____ Proposed Term _____

Parking: _____

Other Retail Adjacencies/Competition: _____

Service Provider will be ___ (Choose One) (1) 3rd Party (2) UCSD

Service Provider Selection Process ___ (Choose One) (1) Request for Proposal (2) Other _____

Proposed Service Provider (If known) _____

RECOMMENDATION:

REQUEST FOR REVIEW OF PROPOSED CAMPUS RETAIL SPACE USE

Retail Committee

Date