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:

_____________________________________________________________________________________________

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