

# CAL POLY

Wine & Viticulture

## EXTERNAL DEPARTMENT VINEYARD SPACE REQUEST FORM

### INSTRUCTIONS

- Complete this form for any and all WVIT Department Vineyard facilities requests with all authorized signatures at least four (4) weeks prior to the requested start date for course related activities or three (3) months prior to the requested start date for long-term projects such as research.
- The Wine and Viticulture Department Faculty will, as an entity or sub-committee, review all vineyard use request forms for approval.
- If additional information is requested by the WVIT Faculty, please re-submit a copy of this original request form with the supplemental information.
- Vineyard use requests will be reviewed on a rotating basis twice a month, generally during Department meetings. Notifications will be made immediately following a majority vote.
- Questions regarding this form or requests should be directed to Jean Dodson Peterson at [jdodsonp@calpoly.edu](mailto:jdodsonp@calpoly.edu) or (805) 756 2770.

COMPLETED FORMS SHOULD BE DELIVERED TO JEAN DODSON PETERSON  
BY EMAIL ([jdodsonp@calpoly.edu](mailto:jdodsonp@calpoly.edu)) OR BY CAMPUS MAIL  
ATTN: JEAN DODSON PETERSON, BUILDING 11, ROOM 218.

A. REQUESTER INFORMATION:	
Requesting College:	Date of Request:
Requesting Department:	
Requesting Individual:	
Contact Name:	Contact Phone:
Contact Title:	Contact Email:

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**B. REQUEST FOR TRESTLE VINEYARD USE:**

Attach additional information as needed to describe the project

Request Duration:

Permanent    Temporary    For How Long:    Date Needed:

Space will be Used For:

Instruction    Research    Office    Other    Please Explain:

Specific Vineyard Block Request (Rotation, Identification, Research, Production, Winegrape):

1. Why is access to this vineyard needed?

2. Describe efforts that have been made to locate or repurpose space within your current space allocation? (e.g., has underutilized space been assessed to solve this need or have shared space possibilities been explored?)



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3. What are the implications if access to this space is not allowed?

4. Please describe the project in detail, especially any destructive techniques or needs. If you are needing this space for research purposes, attach your grant narrative.

5. Are specific dates and times access is needed? Be as specific as possible.

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<p><b>C. AUTHORIZATION SIGNATURES:</b> Signatures below indicate agreement that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the vineyard use.</p>	
Requester:	Printed Name:
	Date:
Department Head or Chair:	Printed Name:
	Date:

FOR PHYSICAL VINEYARD USE: WVIT DEPARTMENT USE ONLY
Vineyard Block Requested:
Date Request Received:
Request Status:
Approved    Not Approved    Other    If Other, Explanation:
Approved Term:
Permanent    Temporary
Additional Notes: