DESIGN CRITERIA/ FACILITY STANDARDS MANUAL CHANGE REQUEST FORM

University of Maryland Capital Projects			REQUESTOR: DEPARTMENT:		
			DATE SUBMITTED TO DIRECTOR:		
			DIRECTOR'S APPROVAL:	_DATE:	
SUBCOMMITTEE TO REVIEW			RETURN FORM TO: Jocelyn J. Fleming, COORDINATOR	DATE:	
			CAPITAL PROJECTS SERVICE BUILDING ANNEX 301-405-1120		
INDICATE DIVISION AND PARAGRAPHS TO BE CHANGED					
DIVISION NO.	PARAGRAPH		REQUESTED CHANGE (Print)		
		DESCRIBE REQUESTED CHANGE			
JUSTIFICATION FOR CHANGE					
EXPECTED INITIAL COST AND LIFE CYCLE COST					