

Facilities and Services Design Guidelines Revision Form

To: FS Business Administration/ FS Senior Administrative Assistant – For Routing

Initiator: _____ Date: _____

New

Replace

Remove

Division: (1-48, Title) _____

Section: (ie. 010000, Title) _____

Subsection: **Part 1 – General**

Part 2 – Products

Part 3 – Execution

Proposed New Guideline: (Proposed New Guideline):

Replace Guideline (Division, Section, Subsection):

(Include attachment if additional space is required)

	N/A	Review	Approved	Denied	Approved with Changes	Reviewer Name
Associate VP						
PD&E						
University Architect						
Operations						
EH&S						
Fire and Emergency						

Comments (Insert comments/revisions/objections, if applicable):

Responses due on or before _____. Non-response will be considered approval.