

Florida State University Design Guidelines
Request for Design Approval

Date Review Requested: _____

Date Review Completed: _____

Project Name/
Project # _____

Project Completion Date: _____

Submittal Contents: _____

Submitted By: _____
Title: _____

Department: _____

(Items below to be filled out by Facilities)

Approval

- Submittal approved as noted below. No waivers required.
- Submittal approved. Design Guideline deviation granted as per below.
- Submittal rejected.

Item:

Reference (page no.) Requirement _____

Action Requested _____

Benefit _____

Negative Impact _____

Comments

Department Representative

Project Manager