

# Modification/Change Request Form: (Attachment #4)

## DCFS - Design Criteria Facility Standards University of Maryland Department of Planning & Construction

Requestor/Initiator:	<i>Name</i>
Department:	<i>Provide title of your immediate department. Example: Renovation Services</i>
Related Department:	<i>Example: Faculties Management</i>
Discovery/Creation Date:	<i>XX/XX/2020</i>
Next Level Authorization:	<i>Name of Immediate Supervisor</i>
Submission Date:	<i>XX/XX/2020</i>

Designated DCFS Section #:	<i>Example: 26 32 00</i>
Designated DCFS Section Title:	<i>Example: Emergency Power</i>
Paragraph:	<i>Designate each paragraph that will require modification</i>

Description:	<i>Provide a brief description of the new item/topic/conflict and state your recommended corrective fix to the existing instruction condition.</i>
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Justification:	<i>Provide a short descriptive reason as to WHY current conditions should be changed/modified. (i.e., cost/safety/obsolescence/improved version)</i>
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Action required:	Return this completed form to DCFS Coordinator This request (dependent on level of impact) is subject to review and acceptance by the initiator's directorship.
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