



VANDERBILT UNIVERSITY  
Facilities

New Logo

Rename

## Facilities Development & Management Variance Request Form

Project Name

~~Impacted Project Description(s):~~

eBuilder Project Number

~~Impacted Project Number(s):~~

~~Project Guidelines Section(s) (Number & Title):~~

move

~~VU Requestor Name:~~

~~Department Unit:~~

~~Requestor Email Address:~~

Request Date:

Design Professional(s) Requestors Name:

Requestor Email Address:

~~Request Date:~~

Will any of the proposed changes result in a cost increase or decrease?

Yes No

If so, identify the estimated amount:

Will any of these changes impact quality?

Yes No

~~Identify quality changes in the "Justification for Request" below~~

Ensure

are described

above

Will any of these changes impact schedule?

Yes No

~~Identify schedule changes in the "Justification for Request" below~~

Move all of this down below the justification box.



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Facilities

## Facilities Development & Management Variance Request Form

Requested Variance ~~to Project Guidelines~~

Justification of Request

Reviewed By:

Director of Design

Date

**For Administrative Use Only Change  
Request Approval or Denial**

Assistant Vice Chancellor of  
Planning, Design & Construction

Date

Assistant Vice Chancellor of  
Maintenance & Operations

Date

Comments