A1.1 Standards Variance Request Form

Project Name:

Project Numbers: **KU #** **CCR A-** **Date:**

Submitted By:

Name: **Firm:**

Current KU Standard for which variance is requested:

Div. No.: **Page No.:** **Para. Title:**

Briefly Describe Current KU Standard:

Requested Variance from Current KU Standard:

Reasons or Justification for Variance Approval:

KU Action: ☐ Approved ☐ Denied

DCM Asst. Director, Consultant Services: **Date:**

DCM Director: **Date:**

University Architect: **Date:**

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