Instructions: This form shall be completed for each requested design waiver. Create a combined PDF version of the completed Design Waiver Request and supporting documents to route through HokieServ.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Enter a date. |  | Virginia Tech Project Manager | | |
| Project Name: | Provide the project name. |  | Name: | VT PM name. |  |
| Project Number: | Provide the project number. |  | Phone: | VT PM phone number. |  |
| Project Location: | Provide the project location. |  | Email: | VT PM email. |  |
| DCSM Version: | Provide the applicable DCSM version. |  |  |  |  |
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| --- | --- |
| **Design Waiver Request Information** |  |
| DCSM Section Number, Section Header, and Text of the Standard to be Waived: | |
| Provide specific information about the standard to be waived. | |
| Description and Justification for the Waiver: | |
| Provide a detailed justification for the design waiver. | |
| Supporting Documents Provided: |  |
| Provide a list or description of the documents supporting the design waiver request. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Impacts on Project: |  |  | Budget |  | Schedule |  | Quality/Design Elements |
| Description of Benefits/Impacts: | | | | | | | |
| Provide information on the benefits or impacts involved with the design change. | | | | | | | |