

**DESIGN REVIEW COMMITTEE REQUEST FORM\***

**WSU PULLMAN CAMPUS AND SURROUNDING AREA**

**A. Party Requesting Proposed Change:**

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Design Committee Action and Recommendation:**

*Approved*

*Not Approved*

*Design Review Committee Chair Signature and Date:*

\_\_\_\_\_  
*Louise Sweeney, Project Manager Lead*

**C. Facilities Services Approval: (if necessary)**

*Associate VP of Facilities Services Signature and Date:*

\_\_\_\_\_  
*Olivia Yang, Associate VP*

**D. Copies to:**

**\*Send complete form to: Louise Sweeney, Committee Chair  
Facilities Services, Capital  
110 Commons, Zip 3611**

