

CHANGE REQUEST FORM

Change Description

Project Name:		Change Name:	
Requested By:		Contact:	
Number:		Date:	

Description of Change:						
Reason for Change:						
Priority:	1. High		2. Medium		3. Low	
Impact on Deliverables:						
Impact of Not Responding to Change (& reason why):						
Date Needed:	Request Approval Signature			Approval Date:		

Change Impact

Tasks/Scope Affected:	
Cost Evaluation:	
Risk Evaluation:	
Quality Evaluation:	
Additional Resources:	
Duration:	
Additional Effort:	
Impact on Deadline:	
Alternative and Recommendations:	
Comments:	

Sign Offs [Circle One]

Accepted		Deferred		Rejected		More Info Requested	
Comments:							
Project Manager Sign:				Date:			
Decision Maker Sign:				Date:			

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