

CHANGE REQUEST FORM TEMPLATE

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CHANGE REQUEST FORM

CHANGE DETAILS

Project Name

Change No.

Change Name

Date of Request

Requested By

Requester's Contact Information

Date Needed

PRIORITY

 HIGH MEDIUM LOW

Description of Change

Reason for Change

CHANGE IMPACTS

Scope

Deliverables

Cost

Resources

Timeline

Stakeholders

RISK ANALYSIS

Risk Identification

Probability of Risk

Risk Mitigation Strategies

DECISION

<input type="checkbox"/>	ACCEPTED
<input type="checkbox"/>	REJECTED
<input type="checkbox"/>	More Info Requested

Project Manager Name

Signature

Date

Decision-Maker Name & Title

Signature

Date

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