

Change Request Form

Project Name		Date	
Project Number		Requestor	
Project Manager		Project Owner	

Describe the Requested Change

Describe the Reason for the Request

Risk Identification/Analysis

Impact Analysis	
Work Products to be Modified	Version Number
1.	
2.	
3.	
<i>Describe the impact of the suggested change to work that is already complete.</i>	

Quality Impact
Additional Quality Assurance or Quality Control Activities
1.
2.
3.
<i>Describe the impact of the change to quality assurance activities and quality control activities.</i>

Schedule Impact			
New Deliverables Description	Effort Hours	Date Required	Impact to Other Delivery Dates
1.			
2.			
3.			
Based on the impact, state the estimated date for implementing the requested change. State the new estimated project completion date.			

Budget Impact			
New Deliverables Description	Lessen or Eliminate Other Expenses? Please describe.	Cost of New Deliverable	Total
1.			
2.			
3.			
Describe the overall impact to budget/cost.			

Decision
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Deferred
Justifications
Additional Comments

Approver's Printed Name

Date

Title

Signature

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