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## PROJECT CHANGE REQUEST FORM

<b>Project Name:</b>	
<b>Prepared by:</b>	
<b>Date (MM/DD/YYYY):</b>	
<b>Control No. (from CR Log):</b>	

**Create links to referenced documents (e.g., [Link\\_To\\_...](#)): use *Insert* → *Hyperlink* on your toolbar.  
Refer to the *Change Management Plan* for instructions on how to use this document.**

### 1. Requestor Information

Fill in with appropriate information or place an "X" next to those that apply:

#### Area of Change:

Scope       Schedule   
Budget       Quality

#### Is this Change the result of a Risk Management Action?

No       Yes       Risk ID: \_\_\_\_\_

#### Proposed Change Description and References:

Provide information below concerning the requested change. Create links to any supporting documentation.

Description:

Justification:

Hyperlinks: [Link\\_To\\_Supporting\\_Document1](#)  
[Link\\_To\\_Supporting\\_Document2](#)

Impact of **Not** Implementing  
Proposed Change:

Alternatives:

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## 2. Initial Review Results of the Change Request

**Initial Review Date:**  
(MM/DD/YYYY)

**Assigned to:**

*Action*

*Comments*

**Approve for Impact Analysis** [ ]

**Reject** [ ]

**Defer Until** (MM/DD/YYYY) [ ]

**Express Approval** [ ]

## 3. Initial Impact Analysis

**Baselines Affected:**

**Configuration Items Affected**  
(e.g. product specifications):

**Cost / Schedule Impact Analysis Required?** (check one) **Yes** [ ] **No** [ ]

**Impact on Cost:**

**Impact on Schedule:**

**Impact on Resources:**

**Risk associated with**  
**implementing the change:**

**Risk associated with not**  
**implementing the change:**

**Final Review Results:**

**Review Date:** (MM/DD/YYYY)

**Priority:** (check one) **High** [ ] **Medium** [ ] **Low** [ ]

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#### 4. Impact Analysis Results

Specific Requirements Definition:

Additional Resource Requirements (insert rows as needed):

	Work Days	Cost
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**Totals**

Impact of Not Implementing the Change:

Alternatives to the Proposed Change:

#### 5. Final Recommendation

#### 6. Project Change Request Form / Signatures

Project Name:

Project Manager:

*I have reviewed the information contained in this Project Change Request Form and agree:*

Name

Title

Signature

Date  
(MM/DD/YYYY)

*The signatures above indicate an understanding of the purpose and content of this document by those signing it. By signing this document, they agree to this as the formal Project Change Request Form.*