

CHANGE REQUEST FORM

Project Name: _____ Change Request ID: _____

Requestor Information:

Full Name: _____

Department: _____

Contact Information: _____

Change Description:

Provide a detailed description of the requested change including what is to be modified, added, or removed. Attach additional documents if necessary.

Reason for Change:

Explain the rationale and benefits for the change request, including any problem it addresses or improvement it achieves.

Impact Analysis:

Describe the potential impact on scope, schedule, cost, resources, quality, and risk. Include affected systems, processes, or stakeholders.

Priority: _____ Requested Completion Date: _____

Approval Section

Approved By: _____

Approval Status (Approved/Rejected/Pending): _____

Approval Comments: _____

Change Implementation Details

Implemented By: _____

Implementation Date: _____

Implementation Notes: _____

Signatures

Requestor's Signature

Approver's Signature

Implementer's Signature

This Change Request Form is governed by the laws of Canada and constitutes a binding agreement between the parties involved. All changes are subject to approval in accordance with the applicable organizational policies and legal requirements. Any disputes arising under this document shall be resolved in the competent courts of Canada. This form does not waive any rights or obligations unless expressly stated herein.

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