|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Name :** | | | **Project Code :** | |
| **CR Completed By :** | | | **Date :** | |
| **Additional and/or Support Materials Attached :** ❑Yes ❑ No | | | | |
| **Current Function in the System (Explain the current condition of the change requested)** | | | | |
|  | | | | |
| **Proposed Change (Explain in detail the proposed Change)** | | | | |
|  | | | | |
| **Support your Change (Justify the proposed change)** | | | | |
|  | | | | |
| Change Management Team Details | | | | |
| Change Control Number: | | | Priority : ❑ High ❑ Medium ❑ Low ❑ Next Phase | |
| Impact on Cost and Resources: | | | | |
| Impact on Schedule and Time: | | | | |
| Impact on Quality: | | | | |
| Impact on the Scope Level: | | | | |
| Impact on the Current / Future Operations: | | | | |
| Miscellaneous / Other Impacts: | | | | |
| Change Control Team Review Information | | | | |
| Committee’s Decision: ❑ Approve ❑ Reject ❑ Carry forward to Next Phase (To be re-assessed at the time of the next phase) | | | | |
| Signatures | | | | |
|  |  |  | |  |
| Follow Up (Not necessary in the event the CR is Rejected) | | | | |
| Documents Updated : ❑ Yes ❑ No | | Change Implemented: ❑ Yes ❑ No | | |