# Change Request Form

Project: Muscle Mind

Document Version: 2.0

Date: MM/DD/YYYY

## 1. Requester Information

|  |  |
| --- | --- |
| Name: |  |
| Date of Submission: |  |

## 2. Description of Change

|  |  |
| --- | --- |
| Summary of Change: | Provide a clear and concise summary of the requested change. |
| Configuration Items Affected: | Specify which items will be impacted, such as source code, documents, or tests. |

## 3. Priority Level

|  |  |
| --- | --- |
| Priority: | ☐ High ☐ Medium ☐ Low |
| Categorize based on the change's impact on the system. | |

## 4. Business Justification

|  |  |
| --- | --- |
| Reason for Change: | Explain why the change is necessary and how it aligns with the project’s goals. |

## 5. Estimated Effort

|  |  |
| --- | --- |
| Estimated Time for Implementation: | Provide an approximate calculation in hours or days. |

## 6. Initial Impact Assessment

|  |  |
| --- | --- |
| Areas Impacted: | Specify potential risks and areas affected by the change. |
| Risk Analysis: | Describe any possible risks, conflicts, or vulnerabilities introduced by this change. |

## 7. Approval Section

|  |  |
| --- | --- |
| Development Team Approval: |  |
| Signature: |  |
| Date: |  |
| CCB Approval: |  |

## 8. Completion Details

|  |  |
| --- | --- |
| Actual Start Date: |  |
| Delivery Date: |  |
| Actual Impact Summary: | Provide a summary comparing actual impact with estimated effort and risks initially assessed. |