

CHANGE REQUEST FORM

Project Name: _____ Request ID: _____

Requester Information:

Full Name: _____

Department: _____

Email: _____

Phone: _____

Change Details:

Title of Change Request: _____

Description:

Provide a detailed description of the change request, including relevant information to fully understand the scope, impact, and purpose of the change.

Reason for Change:

Explain the justification for the requested change, including any issues the change will address, benefits, or risks if not implemented.

Impact Assessment:

Detail the anticipated impact of the change on scope, schedule, cost, resources, quality, and any other project aspects.

Priority: _____

() High

() Medium

() Low

Requested By: _____

Signature: _____

Reviewed By:

Name: _____

Position: _____

Comments:

Provide any comments related to the feasibility, risks, costs, or recommendations regarding the requested change.

Decision:

() Approved

() Rejected

() Deferred

Decision By: _____

Signature: _____

Implementation Plan:

Outline the steps, timeline, and responsible parties for implementing the approved change.

Verification and Closure:

Describe how the change implementation will be verified and confirmed complete.

Requester Signature

Reviewer Signature

Approver Signature

Signature: _____ Signature: _____ Signature: _____

This Change Request Form is governed by the laws of Australia. All parties acknowledge that this document is legally binding and enforceable under Australian law. Any disputes arising from this Change Request shall be subject to the exclusive jurisdiction of Australian courts.

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