



Change Request

Project Name	
Project Manager	
Date of Issue	/ / 20

PMO Review	
Date	/ / 20
Notes	





Justification of Change Request

(A brief overview of the reasons for requesting the change)

Impact of Change Request

Project Manager

New Project Manager Name	
Email	

Project Scope

(A brief description of the change)

Project Schedule

Current Project's Finish Date	
Suggested Project's Finish Date	

Project Budget

Current Budget	
Suggested Budget	

** When submitting a change request, consider its impact on the rest of the other areas

Project Manager Approval

Name: Signature: Date: / / 20

Department Director Approval

Name: Signature: Date: / / 20