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| **CHANGE** **DETAILS** | | | |  | Change Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Change No. |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Requested By | | | | | | | | | | | | Requester’s Contract Information | | | | | | | | | | | | | | | |  | Date of Request |
|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Date Needed |
|  | Priority: | | | | |  | | High | | | |  |  | | Medium | | | |  |  | | Low | | | |  | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| Description of Change | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Change | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHANGE IMPACTS** | | | |  | Scope | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Deliverables | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Cost | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Resources | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Timeline | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Stakeholders | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RISK ANALYSIS** | | | |  | Risk Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Probability of Risk |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Risk Mitigation Strategies | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DECISION** | | | | | | | | Committee Leader Name | | | | | | | | | | | | |  | Signature | | | | | | | | | | |  | Date |
|  | | ACCEPTED | | | | |  |  | | | | | | | | | | | | |  |  | | | | | | | | | | |  |  |
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|  | | REJECTED | | | | |  | Executive Sponsor Name | | | | | | | | | | | | |  | Signature | | | | | | | | | | |  | Date |
|  |  | |  | | | | |  | | | | | | | | | | | | |  |  | | | | | | | | | | |  |  |
|  | | MORE INFORMATION REQUESTED | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CHANGE REQUEST FORM