

Project Name		Change Number	
Requested By		Date of Request	
Presented To			

Change Name	
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Description of Change:

Reason for Change:

Effect on Deliverables (including a list of any affected deliverables):

Effect on Organization:

Effect on Schedule (including Estimated Completion Date for this change):

Effect on Project Cost:				
Item Description	Hours		Dollars	
	Reduction	Increase	Reduction	Increase
Analysis		0		\$ 0.00
Development (Code and Unit Test)		0		\$ 0.00
Total Net Change in Cost:				\$ 0.00

Effect of NOT Approving this Change:

Reason for Rejection (if applicable):

Functional Project Manager

Approved **Signature:** _____

Rejected **Title:** _____ **Date:** _____

USF IT

Approved **Signature:** _____

Rejected **Title:** _____ **Date:** _____