

CU SoD Project Change Request

The following form must be completed with all project change requests. All *applicable* fields must be completed in order to be considered for presentation to CU leadership during the upcoming Cost and Schedule Performance Index Meeting.

Project Title:		Date Prepared:	
Person Requesting Char	nge:		
Category of Change:			
☐ Scope	☐ Quality	☐ Require ments	
☐ Cost	☐ Schedule	□ Documents	
Detailed Description of	Proposed Change **		
Justification for Propose	ed Change **		

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School of Dentistry

Impacts of Change					
Scope	☐ Increase	☐ Decrease	☐ Mo dify		
Description:					

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