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| **Change Control Form** |
| **Project Title:** | **PS0 Number:** |
| **Change No:**  | **Date raised:**  | **Date last updated:**  |
| **Change Title:** |
| **Requester:** **Date:** |
| **Description of Proposed Change:** |
| **Reason for Change:** |

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| **Impact Assessment** |
| Programme effect – include design and construction effects: |  |
| Cost / saving – include construction costs, design fees and other costs (e.g. decant):  |  |
| Additional funding required: |  Yes |  No |  |  |
| Amount Required: | £. |
| Funding Source: |  SMP Capital Departmental (Please Specify): |
| Other - include Health & Safety, Functionality, Quality, and Logistics / Decant  |  |

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| Project Manager Comment & Recommendation |
| **Summary of Impacts and recommendation:** |

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| **UCL Project Officer** | Proceed Reject Refer |
| **Signature** |  | **Date:**  |