

# **Project Change Request Form**

Change Request Form: Bicycle Project

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Capstone Project

PMGT 690

Stephen Onu, Ph.D.

# Project Change Request Form

**Name of Project:** BICYCLE

**Project Manager:** Kristin Dexter

**Change Request #:**

**Change Request Date:** 22-Jun-17

**Change Requested by Name:** Customer

**Current Project Phase:** Initiation

**Description of Change:** Customer states project schedule is too long. Requests schedule compression. Primary constraint is time. The project team recommends crashing the activities along the critical pathway that have the largest activity duration.

Original completion date:

Revised completion date:

**Scope Impact:** The scope will remain unchanged. Project schedule will be changed which will require additional changes to the project documents.

**Cost Impact:** The cost of crashing the

Original EAC:

Revised EAC:

**Quality Impact:** The quality level of the product will remain unchanged.

**Possible Risks:** The possibility of failing to meet the new time line.  
Crash costs exceed the estimated costs causing additional delays or change of scope.

**Reviewed by:** Kristin Dexter

**Position:** Project Manager

**Date:** 17

September 2017

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**Recommended Action:** APPROVE