

**16.0 Management of Change Form**

**Person requesting change: Date:**

**Summary /Description of Change:**

**Reason for Change:**

**Signature of Requestor:**

**Date:\_**

**APPROVAL**

**Ensure that the EDP documentation has been revised and the implication of the change to safety has been reviewed and approved by the supervising faculty.**

**Signature of Advisor: Date:**

**Signature of Team Member: Date:**

**Signature of Team Member: Date:**

**Signature of Team Member: Date:**

**Signature of Team Member: Date:**

**Signature of Team Member: Date:**

Ver 1, January 5, 2021 16