

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:** _____