EXHIBIT C
Change Request Form

Change Request/Approval Form

CG ID*	Change Title	Date Raised	Raised By	Contact Tel #	Priority (H/M/L)

*Assigned by Unisys

Description of Requested Change
Identify any attachments:

Suggested Solution

Configuration Items Potentially Affected	Current Version Numbers

(Add additional rows as required)

Impact Analysis Conducted by		Date Analysis Complete	Impact Analysis Approved By	Date Analysis Approved
Name	Signature			

Impact of Making the Change

Effort Impact	Schedule Impact	Performance Impact
Documentation Impact	Capacity Impact	Support Impact
Financial Impact	Hardware/Software Impact	Other Impact

Required Modifications	Modifications to Be Performed By

Accept/Reject

		Name	Title	Signature	Date
☐ Accept ☐ Reject	\<Client Name>				
☐ Accept ☐ Reject	Unisys				