



System Development and Life-Cycle Management (SDLCM) Methodology

CHANGE PROPOSAL FORM				
CM Use Only:	Date Received:		Change Proposal Number:	
Proposal Originator Information				
Originator Name:	Organization:	Location:	Telephone Number:	Date Submitted:
Change Information				
Responsible NRC Organization:				
Impact:	<input type="checkbox"/> Headquarters Only	<input type="checkbox"/> Nation-Wide	<input type="checkbox"/> Test Only	
Priority:	<input type="checkbox"/> Normal	<input type="checkbox"/> Time-Critical: _____	<input type="checkbox"/> Urgent (Safety Issues)	
Baseline:	<input type="checkbox"/> System	<input type="checkbox"/> Functional	<input type="checkbox"/> Design	<input type="checkbox"/> Operational <input type="checkbox"/> Allocated <input type="checkbox"/> Product
Baseline Document Type: <input type="checkbox"/> PDA Document <input type="checkbox"/> Other _____		Baseline Document Number(s):		
Application or Information System Name:		Application or Information System Number:		
Configuration Item Designator:		Software System Version:		
Change Proposal Title:				
<p>Proposal Description: Include all of the following: (a) proposed change, (b) interface impact, (c) estimated magnitude of effort (low, medium, high), (d) benefits, (e) schedule requirements, (f) justification of time-critical or urgent priority. Use extra pages if needed.</p>				
Approvals				
Originator's Immediate Supervisor (printed name and signature):			Date:	
CCB Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Deferred	<input type="checkbox"/> Promoted
CCB Chair (printed name and signature):			Date:	
Comments:				