

DOCUMENT CHANGE REQUEST FORM (DCR)

Originator:		Originator Signature		DRC No:	
		Date:		Page 1 of	
Originator's Campus:					
Contact No:			Email Address:		
DOCUMENT AFFECTED				Other documents affected:	
Doc No:	Version:	Title:			
Paragraph and Page details:					
PROPOSED WORDING OF CHANGE					
Additional Sheets attached				Yes/No	
JUSTIFICATION					
Additional Sheets attached				Yes/No	
RESERVED FOR USE BY CSCS ADMINISTRATION					
Date of Registration:		Order of Priority: High/Medium/Low			
Approved: Yes/No		Date & Signature:			
Approved wording if different or reasons for rejection					