



APPLICATION SYSTEM DECOMMISSIONING FORM

Information Technology Division (ITD)
International Islamic University Malaysia

Version: 01
Revision: 00
Effective Date: 11/2024

PART 1: SYSTEM APPLICATION DETAILS

Name of The Application System to Be Retired:

System Owner/Administrator:

Primary Business Function Supported by the System:

Description of the System and its Usage:

Date of Proposed Retirement:

PART 2: JUSTIFICATION FOR RETIREMENT

- Outdated Technology Replaced by another system
- Limited usage or low demand Cost efficiency
- Other (Please specify): _____

Explanation of Reasoning (Brief Overview):

PART 3: DATA MANAGEMENT AND ARCHIVING

Activities:

1	The entire system, including both the database and application, be backed up.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , specify the backup location: (Example: truenas.iium.edu.my)
2	Data needs to be transferred to a new system	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , provide the name of the new system:

Retention Requirements and Compliance:

Is there any legal or organizational requirement to retain data? Yes No

If **Yes**, please specify requirements:

PART 4 : INFRASTRUCTURE

Provide the current system link : _____

Domain Name System (DNS) Updates

Domain Name System (DNS) being deleted? Yes
 No

If **Yes**, provide the DNS details: _____

Server Information

Please provide the server details used for the system :

Server Name	IP Address	Location

Will the server be decommissioned due to this request? Yes
 No

PART 5: IMPACT ASSESSMENT

Potential Impact on Users/Departments:

Low Impact Medium Impact High Impact

Explanation of Impact:

Alternative Solutions for Users (if applicable):

Replacement System (if any):

Details of Transition Support Provided to Users:



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PART 6: ACKNOWLEDGEMENT FOR THE REQUEST

We hereby acknowledge that this form has been completed for the fulfillment of the requirements for the request as described in Part 1 of this form.

REQUESTED BY:	RECOMMENDED BY: SYSTEM/ PROCESS OWNER
<p>.....</p> <p>Name: Date:</p>	<p>.....</p> <p>Name: Date:</p>
RECOMMENDED BY: (TL/DD/DIRECTOR)	
<p>.....</p> <p>Name: Date:</p>	

PART 6: FOR USE BY THE ITD AUTHORITY

Date of Decision:	
Approved by:	
Remarks/ Justification:	

RECEIVED BY
<p>.....</p> <p>Name: Date:</p>