



PROJECT CHANGE REQUEST FORM

Information Technology Division (ITD)
International Islamic University Malaysia

Version: 02
Revision: 07
Effective Date:
11/2020

PART A: PROJECT INFORMATION *(*must be completed by PM)*

Project Title	:		
Project ID	:	Current Expected Completion Date (ECD)	:
Reason for Change Request	:		

Type of Change (*√ check the relevant boxes*)

<input type="checkbox"/> Scope	:	_____	<input type="checkbox"/> Work Process	:	_____
<input type="checkbox"/> Technology	:	_____	<input type="checkbox"/> Extension of ECD	:	_____
<input type="checkbox"/> System/ Function Enhancement	:	_____	<input type="checkbox"/> Others	:	_____

Impact on project due to change:
(e.g: additional resources/ project cost needed)

Risk Assessment

Risk ID	Risk Descriptions	Risk Owner	Risk Status (open/close)	Mitigation Plan	Timeline (dateline)
<i>e.g. R1</i>	<i>e.g. Requirement is yet to be determine</i>	<i>e.g. Functional Project Manager</i>	<i>e.g Open</i>	<i>e.g. BPI to be held again</i>	<i>e.g. 30th May2018</i>

PART B: APPROVAL

**This form must be reviewed by ITG representative before being approved by relevant parties.*

**Case 1: If the Change is initiated by University PM, this form is prepared by IIUM Technical PM.*

**Case 2: If the Change is initiated by the Vendor Technical PM, this form is prepared by Vendor Technical PM.*

**Case 3: If the Change is initiated by the Functional PM, this form is prepared by Functional PM*

Prepared by: <hr/> Vendor Technical Project Manager / IIUM Technical Project Manager/ Functional Project Manager Name : Post : Date :	Checked by: <hr/> Deputy Director/ Director Name : Date : Remarks (if any):
Reviewed by: <hr/> ITG Representative Name : Post : Date :	To be deliberated in ITD Weekly Meeting No. _____ dated _____ <input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with amendments <input type="checkbox"/> Not Recommended
Recommended by: <hr/> University Technical Project Manager/ Functional Project Manager Name : Post : Date : Remarks (if any):	Approved by: <hr/> Project Director/ Project Sponsor Name : Post : Date : Remarks (if any):

PART C: PROJECT ANALYSIS (*To be completed by ITG after approval)

Received by ITG: ITG Representative:	Date:
--	-------

Impact Analysis:

*Impact	*Importance	Person responsible	Suggested Implementation/ Notes

* Impact & Importance: High/ Medium/Low

Enclosed New Timeline from OnTrack (Report No.1): Yes No

Change ID : _____

Remarks (if any) : _____

