

PROJECT CLOSING FORM

Version: 02
Revision: 00
Effective Date:
06/2018

PART A: ANALYSIS *(*To be completed by ITPMO)*

Received by ITPMO: ITPMO Representative:	Date:
--	-------

Project is recommended for Closing?

1. All relevant signatories obtained	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Draft of Project Closing Report Enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. All documentations in Project File are in order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Project Title:

Project ID:

Current Expected Completion Date (ECD):

Expected Closing Meeting Date:

PART C: APPROVALS (Please fill-in the relevant column only)

* For all application projects, must be recommended by DBA and ITRes

Requested by:

Recommended by:

IIUM Technical Project Manager

Name :

Post :

Date :

Deputy Director

Name :

Post :

Date :

Remarks (if any):

Recommended by:

Recommended by:

Database Administrator

Name :

Post :

Date :

Remarks (if any):

ITRes (Application Server)

Name :

Post :

Date :

Remarks (if any):