



ACTION PLAN CLOSING FORM

Information Technology Division (ITD)
International Islamic University Malaysia

Version: 01
Revision: 01
Effective Date: 06/2019

PART 1: INFORMATION

Title of Action Plan :

Action Plan ID/ IT Change ID :

PART 2: JUSTIFICATION FOR CLOSING (Tick (√))

Completed all planned activities.

Transfer of responsibility.

Reduce in the scope of activities due to:
(*please attach evidence(s))

Others (please specify) :

PART 3: ACKNOWLEDGEMENT FOR THE CLOSURE

I hereby acknowledge that:

1. All activities recorded in OnTrack has been updated accordingly? Yes No

2. All planned activities recorded in OnTrack have been completed? Yes No

Change Implementation Review (If Applicable)

3. Change activities has been done according to plan and change has been successfully implemented* Yes No

4. Change activities has been done with some deviation from the original plan and has been successfully implemented* Yes No

5. Change activities are cancelled due to: Yes No

Deputy Director/ Director

.....
Signature
Name:
Date:

PART 4: FOR USE BY THE ITD AUTHORITY

Date of Decision :

Approved by :

Remarks :

Date Closed in OnTrack :

RECEIVED BY ITG

.....
Signature
Name:
Date: