



ACTION PLAN CLOSING FORM

Information Technology Division (ITD)
International Islamic University Malaysia

Version: 01
Revision: 02
Effective Date: 01/08/2025

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:

Signature

Name:

Date: