IT CHANGE REQUEST (NON-STANDARD CHANGE)

Information Technology Division (ITD)
International Islamic University Malaysia

| PART 1: CHANGE REQUEST INFORMATION		
IT Change Title / Action Plan Title and OnTrack ID	:	
Reason for Change	:	☐ Moving from development to production ☐ Changes to production ☐ Others. Please specify: ………………………………………………………… ………………………………………………………
Expected Outcome for Change	:	

Change Implementation	Date	Time
Start		
End		

CHANGE URGENCY *(Please tick only 1)*

☐	**Low**	A change is justified and necessary, but can wait until the next scheduled release or upgrade.
☐	**Medium**	There is no severe impact, but rectification cannot be deferred until the next scheduled release or upgrade.
☐	**High**	Severely affecting some key users or impacting on a large number of users.
☐	**Immediate**	Putting life at risk. Causing significant loss of revenue or the ability to deliver important public services. Immediate action required.

Change IMPACT *(Please tick (x))*

Probability Of Failure
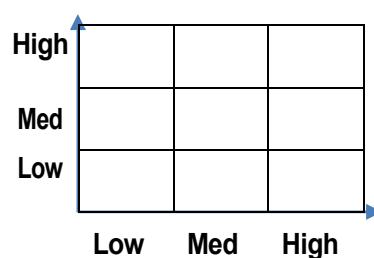
Impact in the event of Failure

PART 2: ENVIRONMENT AFFECTED BY THE CHANGE REQUEST

*(Indicate the **ENVIRONMENT** that will be affected by the change request and **HOW** it is affected (you may choose more than **ONE** environment) and **WHO** is assigned to handle the affected **ENVIRONMENT**)*

Tick √	Environment Affected	How is it affected?	Assigned To
	Application		
	Data / Database		
	Hardware		
	Software		
	Network		
	Security		
	Operating Systems/Utilities		
	Policy/Procedure		
	Process Flow		
	Technical Manual		
	User Manual		
	Internal Stakeholder		
	External Stakeholder		
	Others – Please specify		

PART 3: PERSONNEL INVOLVED IN THE CHANGE ACTIVITIES

(Indicate the ENVIRONMENT that will be affected by the change request and HOW it is affected (you may choose more than ONE environment) and WHO is assigned to handle the affected ENVIRONMENT)

Role	Name of Personnel Involved	Organization / Department
Change Coordinator		
Change Initiator		
Change Implementer in Testing Environment		
Change Implementer in Production Environment		
Change Tester		
Post-Change Support		
Configuration Update		
Others (please specify)		

PART 4: CHECKLIST RELATED TO CHANGE REQUEST ACTIVITIES

No	Change Request Activities	Yes	No	NA
1	ICT service availability will be affected as a result of the change request activities			
2	Draft announcement related to ICT service unavailability with regards to the change request has been completed and will be submitted to the Incident Manager for announcement to the relevant stakeholders			
3	Personnel involved in the change request activities have been informed on their responsibilities			
4	Change implementation date is accepted by the representative of stakeholders (staff)			
5	Change implementation date is accepted by the representative of stakeholders (student)			

PART 5: ACKNOWLEDGEMENT FOR THE CHANGE REQUEST

We hereby acknowledge that, this form has been completed for the fulfillment of the requirements for the change request as described in Part 1 to Part 4 of this form.

CHANGE INITIATOR	CHANGE COORDINATOR
……………………………….. Signature Name: Date:	……………………………….. Signature Name: Date:

PART 6: FOR USE BY THE CHANGE REQUEST AUTHORITY

CHANGE TYPE (√)	
	Emergency
	Urgent
	Normal

Date of Decision:	
Approved by:	
Remarks:	
IT Change ID:	

RECEIVED BY

……………………………………..
Signature
Name:
Date: