PROJECT CHANGE REQUEST FORM

Information Technology Division (ITD)
International Islamic University Malaysia

Version: 02
Revision: 08
Effective Date: 04/11/2026

CONFIDENTIAL - INTERNAL USE

PART A(i): PROJECT INFORMATION *(*must be completed by PM / TPM / FPM)*			
Project Title :			
Project ID :			
Actual Expected Completion Date (ECD) :		**Current Expected Completion Date (ECD) :**	
Current Project Progress (%) :			
Reason for Change Request :			

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

- ☐ Scope Change
- ☐ Requirements Change
- ☐ Schedule Change
- ☐ Budget Change
- ☐ Work Process
- ☐ Resource Change
- ☐ Technology / Technical Change
- ☐ Design Change
- ☐ Risk or Compliance Change
- ☐ System/ Function Enhancement
- ☐ New ECD: _____
- ☐ Others

Descriptions (if any): _____

_____

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

Risk Assessment

(√)	Risk Category	Risk Description	Risk Owner
☐	Resource Risk		
☐	Technical Risk		
☐	Requirements Risk		
☐	Financial Risk		
☐	Vendor Risk		
☐	Security Risk		
☐	Operational Risk		
☐	Stakeholder Risk		
☐	Compliance Risk		

PART A(ii): REVIEWAL

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

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

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

Prepared by:	**Reviewed by:**
_____ **Vendor Project Manager / IIUM Project Manager / IIUM Technical Project Manager / IIUM Functional Manager**	_____ **Deputy Director / Director**
Name :	Name :
Post :	Post :
Date :	Date :

PART B: ITPMO VERIFICATION & PROJECT ANALYSIS *(*To be completed by ITPMO)*

ITPMO Representative	
_____	**No of PCR Approved :** _____
Name :	**Date of Last Approved :** _____
Post :	
Date :	

Impact Analysis:

*Impact	*Importance	Person responsible	Suggested Implementation / Notes

* Impact & Importance: High/ Medium/Low

Enclosed New Project's Plan and Timeline: ☐ **Yes** ☐ **No**

Remarks (if any): _____

_____

PART C: INFORMATION TECHNOLOGY DIVISION MANAGEMENT (ITD) RECOMMENDATION

To be deliberated in ITD Management Meeting No: _____, dated: _____

☐ Recommended

☐ Recommended with amendment

☐ Not Recommended

Remarks:

_____

_____

_____

_____

PART D: APPROVAL

Approved by:

_____

Project Director/ Project Sponsor

Name :

Post :

Date :

Remarks (if any): _____

_____

PART E: ITPMO RETRIEVAL *(*To be completed by ITPMO after approval)*

Received by ITPMO, ITPMO Representative: Date:	**Change ID :** _____

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

REQUEST FOR CHANGE

Section A : Particular of Applicant			
Name of Applicant	NURUDDIN BIN RAZALI	Position	IT OFFICER
Date	30/10/2026		
Kulliyyah / Office	INFORMATION TECHNOLOGY DIVISION		
Department	IT-QA		
Section	QACC		

Section B : Description of Changes			
Document No.	PCR Ver 02	Status of Document	☑ Existing Document ☐ New Document
Document Title	PROJECT CHANGE REQUEST FORM		
Existing Rev. No.	07		
New Rev. No.	08		
Amendment / Change	- Major change of form lay out, format and descriptions - Add Actual ECD, No of ECD Changed and Current Progress - Signatures adjustment - Wording adjustment (instructions) - Relocate New ECD and Change ID - Correction from ITG to ITPMO - New Effective Date - Risk section changes		
Reason of Amendment / Change	To fulfil the requirements of the OFI raised by the auditor during the QMS Internal Audit 2026.		

Section C : Approval			
Status	☐ Approved ☐ Not Approved		
Approved By		Position	
Signature		Date	
Comments			