#  IT CHANGE CLOSURE REPORT

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| **IT Change ID**  |  |
| Title  |  |
| **Change Initiator** |  |
| **Start Date** |  | **End Date** |  |

# 1. Change Implementation Review

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| --- | --- | --- | --- |
| **Tick either one** | **Statement related to the change implementation** | **Name, Signature of Change Initiator / Date Signed** | **Name, Signature of Change Coordinator / Date Signed** |
|  | Change activities has been done according to plan and change has been successfully implemented |  |  |
|  | Change activities has been done with some deviation from the original plan and has been successfully implemented |  |  |

# 2. Project Closing Report Approval

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| **…………………………………….……………………..****Change Coordinator**[Name][Post][Administrative Offices/Centre of Studies] | Date: …………..….. |
| **…………………………………….……………………..****Change Manager**[Khairani Che Ibrahim][Information Technology Officer][Information Technology Division] | Date: …………..….. |
| **………………………………….……….………………..****Director**[Masita Abdul Rahman][Director][Information Technology Division] | Date: …………..….. |