# 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: …………..….. |