Version: 02

Revision: 00 Effective Date: 06/2018

# PROJECT CLOSING FORM

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| **PART A: ANALYSIS** *(\*To be completed by ITPMO)* | |
| **Received by ITPMO:**  ITPMO Representative: | Date: |
| **Project is recommended for Closing?**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. All relevant signatories obtained |  | **Yes** | |  | | **No** |  | | | 2. Draft of Project Closing Report Enclosed? |  | **Yes** |  | |  | **No** | |  | | | 3. All documentations in Project File are in order? |  | **Yes** | |  | | **No** |  | | | |
|  | |
| **PART B: PROJECT INFORMATION** *(\*must be completed by PM)* | |
| **Project Title:** | |
| **Project ID:** | |
| **Current Expected Completion Date (ECD):** | |
| **Expected Closing Meeting Date:** | |

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| **PART C: APPROVALS** (*Please fill-in the relevant column only)*  *\* For all application projects, must be recommended by DBA and ITRes* | |
| **Requested by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IIUM Technical Project Manager**  Name :  Post :  Date : | **Recommended by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Deputy Director**    Name :  Post :    Date :  Remarks (if any): |
| **Recommended by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Database Administrator**    Name :  Post :  Date :  Remarks (if any): | **Recommended by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ITRes (Application Server)**  Name :  Post :    Date :  Remarks (if any): |