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?**

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| 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** |  |

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| **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):    |