



PROJECT CHANGE REQUEST FORM

Information Technology Division (ITD)
International Islamic University Malaysia

Version: 02
Revision: 07
Effective Date:
11/2020

PART A: PROJECT INFORMATION *(*must be completed by PM)*

Project Title	:		
Project ID	:	Current Expected Completion Date (ECD)	:
Reason for Change Request	:		

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

<input type="checkbox"/> Scope	:	_____	<input type="checkbox"/> Work Process	:	_____
<input type="checkbox"/> Technology	:	_____	<input type="checkbox"/> Extension of ECD	:	_____
<input type="checkbox"/> System/ Function Enhancement	:	_____	<input type="checkbox"/> Others	:	_____

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

Risk Assessment

Risk ID	Risk Descriptions	Risk Owner	Risk Status (open/close)	Mitigation Plan	Timeline (dateline)
<i>e.g. R1</i>	<i>e.g. Requirement is yet to be determine</i>	<i>e.g. Functional Project Manager</i>	<i>e.g Open</i>	<i>e.g. BPI to be held again</i>	<i>e.g. 30th May2018</i>

PART B: APPROVAL

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

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

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

**Case 3: If the Change is initiated by the Functional PM, this form is prepared by Functional PM*

Prepared by:

Checked by:

**Vendor Technical Project Manager /
IIUM Technical Project Manager/ Functional
Project Manager**

Deputy Director/ Director

Name :

Name :

Post :

Date :

Date :

Remarks (if any):

Reviewed by:

To be deliberated in ITD Weekly Meeting No. _____
dated _____

Recommended

ITG Representative

Recommended with amendments

Name :

Not Recommended

Post :

Date :

Recommended by:

Approved by:

**University Technical Project Manager/
Functional Project Manager**

Project Director/ Project Sponsor

Name :

Name :

Post :

Post :

Date :

Date :

Remarks (if any):

Remarks (if any):

PART C: PROJECT ANALYSIS (*To be completed by ITG after approval)

Received by ITG: ITG Representative:	Date:
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Impact Analysis:

*Impact	*Importance	Person responsible	Suggested Implementation/ Notes

* Impact & Importance: High/ Medium/Low

Enclosed New Timeline from OnTrack (Report No.1): Yes No

Change ID : _____

Remarks (if any) : _____
