MITS		
Service Request Form		
For		
Software Development and Syst	em Changes	
<u> STEP 1 – REQUEST INFORMATION</u>		
Date:		
REQUESTOR		
Department/Location:	UGC Funded? Y	
Empl. Name:	Empl. Id:	
Phone:	Extn:	
Email:		
Other Contact:	Id:	
Phone:	Extn:	
Email:		
REQUEST DETAILS		
Main Enterprise System (if applicable e.g. PeopleSoft /Ban	ner):	
Title:		
Trues		
Type:	Other	
Priority		
Description/Details of the Requirement:		

Evidence of the Problem:	
Froubleshooting Steps Already Taken:	
Desired Completion Date:	
CONTROL INFORMATION	
Authorized by:	_
Signature:	_
(Please Note: Change request must be authoriz	ed by Department/ Section Head)

STEP 2 – MITS INFORMATION

Reference N	Number: _
--------------------	-----------

Authorization

Received by:	Date:
Reviewed by:	Date:
Approved by:	Date:
Assigned to:	Date:
Assigned to:	Date:
Estimated Completion Date:	

Assumptions and Conditionalities:

Comments:

<u>STEP 3 – USER ACCEPTANCE</u>

Tested by:	Date:
Comment:	
•••••	
Tested by:	Date:
Comment:	
Tested by:	Date:
Comment:	
••••••	•••••••••••••••••••••••••••••••••••••••
Signed off as accepted by:	
Date:	
Authorization to move to Production:	
Date:	

<u>STEP 4 – SYSTEM DEPLOYMENT</u>

Project moved by:
Date:
Project moved in the presence of:
Date:

<u>STEP 5 – AUDIT INFORMATION (if applicable)</u>

Signed off by:
Comment:
•••••••••••••••••••••••••••••••••••••••
Date: