

MIT S

Service Request Form

For

Software Development and System Changes

Date: _____

REQUESTOR

Department/Location: _____

UGC Funded? Y N

Empl. Name: _____

Empl. Id: _____

Phone: _____

Extn: _____

Email: _____

Other Contact: _____

Id: _____

Phone: _____

Extn: _____

Email: _____

REQUEST DETAILS

Main Enterprise System (if applicable e.g. PeopleSoft /Banner): _____

Title: _____

Type:

New Change Remove Fix Bug Other _____

Priority

Low Medium High

Description/Details of the Requirement:

Evidence of the Problem:

Troubleshooting Steps Already Taken:

Desired Completion Date: _____

CONTROL INFORMATION

Authorized by: _____

Signature: _____

(Please Note: Change request must be authorized by Department/ Section Head)

For MITS only

Reference Number:

Authorization

Received by:..... Date:.....

Reviewed by:..... Date:.....

Approved by:..... Date:.....

Assigned to:..... Date:.....

Assigned to:..... Date:.....

Estimated Completion Date:.....

Assumptions and Conditionalities:

Comments:

User Acceptance Testing and Sign Off

Tested by:..... **Date:**.....

Comment:.....
.....

Tested by:..... **Date:**.....

Comment:.....
.....

Tested by:..... **Date:**.....

Comment:.....
.....

Signed off as accepted by:.....

Date:.....

Authorization to move to Production:.....

Date:.....

Project moved by:.....

Date:.....

Project moved in the presence of:.....

Date:.....

Audit Department Sign Off (if applicable)

Signed off by:.....

Comment:.....
.....

Date:.....