United International **University**

Change Control Request Form for Software/Automation

1 Service request for

☐ **Enhancement of existing feature**	☐ **New requirement**	☐ **Change requirement**

2 Information of requestor

a) Requestor Name	b) Designation

c) Office/Dept./Institute/Center

d) Email	e) Contact

f) Definition of request (Additional page can be used)

g) Justification – Justify why the proposed changes should be implemented (Additional page can be used)

h) Signature	i) Date

3 Change Control Management Team Recommendations

a) Req# no	b) Review Date	c) Authorized Person	d) Signature	e) Recommendation
		Chair/Convener		☐ Approved ☐ Rejected ☐ Further clarification required ☐ Defer Until: ☐ Other:
		Member Secretary		

f) Comments (if any)