

# INFORMATION TECHNOLOGY CHANGE MANAGEMENT FORM

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Change Request #

## General

<b>Department:</b>	<b>Date of Request:</b>
<b>Type of Change:</b> <input type="checkbox"/> Significant <input type="checkbox"/> Emergency <input type="checkbox"/> Standard	<b>Service Request #:</b>

## Section 1: Change Request

<b>Initiator Name:</b>	<b>Estimated time to implement change:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Initiator Email:</b>		<b>Start Time:</b>	<b>End Time:</b>

**Who does this change affect?**      Students     Faculty/Staff     Both     Other

**Explanation (if necessary):**

<b>Assigned to:</b>	<b>Department head signature:</b>
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**Item(s) to be changed:**

**Description (include attachment if necessary):**

**Reason:**

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**Implementation plan:**

**Risk assessment plan:**

**Test plan:**

**Back out plan:**

## Section 2: Change Evaluation

**CAB Review date:**

**CAB Approval:** Yes  No

**Change Manager signature:**

**CAB Member signature:**

**Notes:**

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## Section 3: Results

<b>Change Successful:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Actual Implementation Date:</b>	<b>Actual time to complete Implementation:</b>
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**Post implementation review (what went right, what went wrong):**

<b>Implementer signature:</b>	<b>Department head signature:</b>
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## Section 4: Change Tracking

<b>Completion Date:</b>	<b>Change Manager (Print):</b>	<b>Signature:</b>	<b>Date:</b>
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