

Division of Information Technology Change Request Form

Submit typed forms and attach additional sheet, if necessary

INITIATOR/REQUESTOR INFORMATION – SECTION A		
Name:	Date Submitted:	
Phone Numbers (s):	Email:	
Systems affected by this change:	Request Type (See Legend below):	
Estimated Start and Completion Date & Time:	Priority:	
Description of Change: <i>(Attach additional sheet if required to describe the change. Describe any system downtime that may be necessary.) Add any documentation references which may substantiate this change.</i>		
Benefit or Rationale for Change: <i>(List business or system drivers which necessitate the change(s))</i>		
Risk assessment: (high, med or low?) Worst case scenario? What is your backup or contingency plan?		
Will there be a need for training or documentation? How will information be communicated? If so, what is your training and/or communication plan? Who will conduct training? Attach a copy of proposed communications text.		
In case of an emergency or questions, who (other than you) should be contacted? Please provide name, email and phone number (i.e. Your backup)		
Collaboration: What input and involvement was needed from NCAT departments/units? Who was involved to get the request to this stage? Be specific; include the Project Manager name, and specific User and DoIT resources, if available. (See DoIT resource list below)		
Requestor's Signature: _____ Date: _____		
Department Head – Section B		
Signature: _____ Title: _____ Date: _____		
Signature: _____ Title: _____ Date: _____		
DoIT Signature: _____ Title: _____ Date: _____		
Legend		
Request Type A= New Initiative B= Maintenance patches/Updates C= Defect Correction D= Enhancement or Modification E= Safety or Security	DoIT Resources A = ATS B = Applications C = Communications D = Network E = Security F = Systems G = Training H = Other, Specify _____	Priority 1= Emergency (<i>within 24 hours</i>) 2= Fundamental to work flow 3= Major importance 4= Beneficial but can work around 5= Nice to have

Note: Requestor should provide written status to CCB immediately following the change activity. **Any change not completed or started during the approved time should be resubmitted to CCB.** Questions call 285-4490 or email ccb@ncat.edu

Revision Date: 01/12/12