

REQUEST FOR CHANGES TO THE
_____ SYSTEM Request No. _____

To be completed by person requesting change (if more space is required, please attach additional documentation)

Name: _____	Phone number: _____
Email address: _____	Date: _____
Authorised by: _____ Signature of Head of School/Unit	Print name: _____

Change/enhancement required:

Please provide information that gives an indication of the importance of the request: (eg required for legislative compliance, compliance with University policy, alignment with agreed University strategic development, efficiency gains)

Please indicate what would be the consequences if the request could not be implemented:

Requested completion date: ____ / ____ / ____ How important is this completion date? i.e. What would be the consequences if the deadline could not be achieved?

2. Return completed form to

The Manager
Information Systems
Office of Information Technology and Resources

3. To be completed by IT&R (if more space is required, please attach additional documentation)

