# Georgia Tech – Change Request Form

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| **PART I (To be filled out by the Lead Requestor)** | | | | | |
| 1. Type of Request:  Initial Request Updated Request | | | 2. Office: | | |
| 3. Name (*Last, First, MI*): | | | 4. Phone Number: | | 5. Date: |
| 6. Type of Change:  New Implementation  Repair  Removal  Emergency  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 7. Description of Change: | | | | | |
| 8. Recurring Change:  Yes, add to calendar  No | | | 9. Requested Implementation Window: | | |
| 10. Systems Affected by Change: | | 11: Users Affected by Change: | | 12. Documentation Attached:  Test Plan  Back out Plan | |
| 13. Resources That May be Affected by Change:  Customer(s)  Internal Dept.  Other  Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 14. Criticality of Change:  High  Medium  Low  Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PART II (To be completed by Management)** | | | | | |
| 15. Review Date: | 16. Review Participants: | | | | |
| 17. Test Plan Review:  Acceptable  Further Action is Required | | | 18. Back Out Plan Review:  Acceptable  Further Action is Required | | |
| 19. Resource Review:  Acceptable  Further Action is Required | | | 20. Schedule Review:  Acceptable  Further Action is Required | | |
| 21. Comments: | | | | | |
| **PART III (To be completed by Management after approval)** | | | | | |
| 22. Approval Date: | | | 23. Approved Implementation Date: | | |
| 24. Supervising Official Certification:  Name Phone Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |