# 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. [ ]  OtherExplain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 14. Criticality of Change:[ ]  High [ ]  Medium [ ]  LowExplain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |