



Office of Information Technology
Change Request

Requestor's Name/Department:		HEAT Ticket #:						
Date:		Priority:						
Person(s) assigned to implement this change:								
Change: <i>System, location, Detailed Description. Must provide script or task list. Attach separate page if necessary.</i>	FMS <input type="checkbox"/> HCMS <input type="checkbox"/> SA <input type="checkbox"/> CR <input type="checkbox"/> Millennium <input type="checkbox"/> Blackboard <input type="checkbox"/> My.CCC.edu <input type="checkbox"/> MyFaculty.CCC.edu <input type="checkbox"/> GroupWise <input type="checkbox"/> NotifyLink <input type="checkbox"/> Firewall (attach FCL) <input type="checkbox"/> Packeteer <input type="checkbox"/> Netscaler <input type="checkbox"/> Novell/Linux <input type="checkbox"/> Unix <input type="checkbox"/> Windows Server <input type="checkbox"/> DNS <input type="checkbox"/> DHCP <input type="checkbox"/> ICN <input type="checkbox"/> Other <input type="checkbox"/> _____							
Reason for change:								
Request change to occur on Date / Time:	Start Time:							
	End Time:							
	In accordance with SLA (if applicable): Y (Y - N - n/a) If "No", why?							
Potential Areas Impacted:								
Impact Assessment: <i>Consider the scope (i.e., affects a critical system, the network, etc.) the timing (i.e., period week, 1st of the month), the interdependencies, and the impact of not implementing the change. Attach separate page if necessary.</i>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>	None	<input type="checkbox"/>
Risk Assessment: <i>What risks are known going in to the implementation? What losses may be encountered if the implementation is unsuccessful? Attach separate page if necessary.</i>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>	None	<input type="checkbox"/>
Estimated Outage Duration								
System Boot Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Backout Plan: <i>Include any risks in performing the back out / recovery plan. Attach separate page if necessary.</i>								
Estimated Recovery Time:								
Test Plan: <i>Was the change fully tested and validated in a test environment? Provide brief summary of testing and names of testers. Attach separate page if necessary.</i>	Test approach and results:							
Communication Requirements: <i>list key personnel and business units notified of the change.</i>								
Maintenance Partner(s) Notified:								Onsite? (Y/N)
Signature Approvals								
Requestor:	DBA Team Member:			Vice Chancellor or Deputy CIO:				
_____	_____			_____				
Name	Date	Name	Date	Name	Date			
Date Completed: _____ Change LOG #: _____ LogFiles: _____								
Stored at: _____								