

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**IT REQUEST FORM**

REQUESTOR'S INFORMATION		
Full Name	:	
Staff No	:	Signature of Requestor:  Official Stamp:  Date:
Designation	:	
Unit/Department	:	
Extension No	:	
Mobile Phone	:	
Name of Contact Person to follow up on this request	:	
Email address of Contact person	:	
POTENTIAL IT REQUEST INFORMATION		
Please check the relevant box:	<input type="checkbox"/> NEW APPLICATION SYSTEM	<input type="checkbox"/> EXISTING APPLICATION SYSTEM
Description of New Request/Change: <i>(You may use additional paper, if required)</i> <hr/> <hr/> <hr/>		
Reason for New Request/Change: <hr/> <hr/>		
Impact Changes (Only If): <ul style="list-style-type: none"> <li><input type="checkbox"/> Critical – cannot move forward without this changes</li> <li><input type="checkbox"/> Necessary – change is required, but is not time-critical</li> <li><input type="checkbox"/> Nice to have – no adverse impact if change is not made</li> </ul>		

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RECOMMENDATION <i>(Head of Department )</i>	APPROVED BY <i>(Director )</i>
Name :	Name :
Signature of Recommender :	Signature :
Official Stamp :	Official Stamp :
Date :	Date :

**CLASSIFICATION OF IT INITIATIVES**

<input type="checkbox"/> Procurement	<input type="checkbox"/> IT Change	<input type="checkbox"/> IT Project	<input type="checkbox"/> Others: _____
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Remarks \_\_\_\_\_

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RECEIVED BY <i>*(to be completed by ITIM)</i>	APPROVED BY <i>(Head of Department ITD)</i>
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Name :	Name :	Recommendation
Signature :	Signature :	<input type="checkbox"/> Approved
Official Stamp :	Official Stamp :	<input type="checkbox"/> Reject
Date :	Date :	

Remarks \_\_\_\_\_

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