



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

UCU Change Request Form

Type of Change Request	<input type="checkbox"/> Enhancement	<input type="checkbox"/> Defect	<input type="checkbox"/> Other
Campus/College			
Requester Name	Name:		
	Signature:		
Brief Description of Request (Kindly describe what you want to be changed)			
Date Submitted	(DD/MM/YYYY)		
Date Required	(DD/MM/YYYY)		
Priority	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High <input type="checkbox"/> Mandatory
Reason for Change			
Line Manager (DVC, for complex changes)	Name:		
	Signature:		

By submitting this form, you are affirming:

1. Your supervisor has reviewed and approved this request
2. You have provided a copy to your station administration

FOR UIS USE ONLY

Change Date	(DD/MM/YYYY)
Change Approved by (Management)	Name:
	Signature:
Change Implemented by	Name:
	Signature: