

REQUEST FOR SYSTEM MODIFICATION

Form

Modification Request Name: <replace with a meaningful name>

Date submitted: <replace with today's date>

Originator: <replace with Name/Dept/Phone#>

Sponsored by: <replace with the data custodian's name>

Reason for requesting the modification:

<concise statement of critical business need>

Functional analysis by staff member familiar with the system or module:

<replace with analysis that includes the critical business need for requesting the modification, the work that cannot be done without a modification and other options considered to address the issue. Please see the COPPS Administrative Computer System Baseline Modification policy at <http://www.lanec.edu/cops/itadmin.htm> before completing this section>

Functional analysis completed by: <replace with staff name>

Action: <Recommended or Not Recommended>

Date: <replace with today's date>

Technical analysis:

<replace with analysis that includes difficulty of making and maintaining the modification, possible impact on other systems, other options examined for addressing the need both within the system and outside it>

Technical analysis completed by: <replace with staff name>

Date: <replace with today's date>

Information Technology Department decision:

<replace with AVP for IT decision and reasoning>

By:

Date:

Modification number: <assigned if approved>