|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Instructions:*** *Please complete* ***Section 1*** *of this form with as much information as possible. You may include additional attachments, if necessary.* ***Upon completion of this form, please have your supervisor review the request prior to submission to*** [*CTMS-Support@uthscsa.edu*](mailto:CTMS-Support@uthscsa.edu)*. Once your request has been receive, it will be evaluated by the CTMS Change Management Work Group.* | | | | | | |
| **Section 1 – Change Request** | Change Identification | | | | | |
| Date Submitted: | | | Priority:  URGENT  HIGH  NORMAL  LOW | | |
| Requested By: | | | | *Phone:* | |
| Requesting Department: | | | | | |
| Requestor’s Supervisor: | | | | *Phone:* | |
| Description of Requested Change | | | | | |
|  | | | | | |
| Justification for Change | | | | | |
|  | | | | | |
| **Section 2 – CTMS Work Group Evaluation** | CTMS Change Management Work Group  Impact Analysis | | | | | |
| Schedule: | | | | | |
| Cost: | | | | | |
| Affected Areas:  Application  Interface(s)  Custom Reporting  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Final Work Group Decision | | | | | |
| Date Reviewed: | | Approved  Rejected  Deferred | | | |
| Change Request/Ticket Number: | |  | | | |
| Comments: | | | | | |
| **Work Group Members** | **Name/Signature** | | | | **Date** |
| VPR CTO |  | | | |  |
| Cancer Center |  | | | |  |
| VPR IT |  | | | |  |