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| ***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**. 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 GroupImpact 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 |  |  |