Integral University
Software Development Cell

Software Update Request Form

Provide following information for applying new feature/Change in existing feature of any running application:

Project Name: *Where changes are required!*

Requester name:

Requester Department & Designation:

Access Level in Software:

Email Id & Contact No:

Details of Single Point of Contact for coordination (Leave this blank, if requester is SPOC)

Name:

Email Id:

Contact No:

Detail of Change/Feature Required:

Name of Update/Feature:
Objective (s) of Update (100 Words):
Update/Feature(s) required in Project (Detailed, use other sheets if required):

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Software Update Approval

Name of Department	Name of Head/Stakeholder	Email Id: & Contact No:	Date	Signature

-----To be filled by office of Director - Planning & Research-----------------------------------

- **Project Status:** ☐Approved ☐Rejected ☐Held

- **Priority (in case of approved):** ☐Immediate ☐Moderate ☐Low

- **Remarks, if any:**

Signature

Director, Planning & Research