# feature request Details

This form is to be used for requesting enhancements or feature requests to the University of Southampton’s IT systems. Please complete the request and submit it via your School Manager/Professional Services Manager for authorisation to: [serviceline@soton.ac.uk](mailto:serviceline@soton.ac.uk) for the attention of SAST.

## General Information

|  |  |
| --- | --- |
| Your Name: |  |
| Contact Number: |  |
| User ID: | Login ID |
| Date Raised: | dd mmm yyyy |
| Approved by Process Owner:(eg. Name of: School Manager/ Head or Section Leader/Chair of Review Group) |  |

## What is the Requirement?

|  |  |
| --- | --- |
| System Affected: |  |
| Brief Title/Description of change: |  |

## Details of the change

*Please note that the boxes below will expand as much as is needed as you input to them*

|  |  |  |
| --- | --- | --- |
|  | 1. Tell us about the change you wish to see so that we can identify a solution: |  |
|  |  |  |
|  | 1. What is your objective for this change: |  |
|  |  |  |
|  | 1. Any other information which may be useful |  |
|  |  |  |
|  |  |  |

# User Assessment

## BUSINESS CASE FOR THE CHANGE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | What are the business benefits of the change: | | | | | | | |  |
|  | Cost benefits: |  | | | | | | |  |
|  |  | | | | | | | |  |
|  | Strategic  benefits: |  | | | | | | |  |
|  |  | | | | | | | |  |
|  | Statutory  Benefits:  (eg. to meet legal or Government reqs) |  | | | | | | |  |
|  |  | | | | | | | |  |
|  | How many people might be affected by the change: | |  |  | | | | | |
|  |  | | | | | | | | |
|  | Is the change business critical: | | Yes | |  | No |  |  | |
|  |  | | | | | | | |  |
|  | Is the change required to improve the Student Experience: | | Yes | |  | No |  |  | |
|  |  | | | | | | | |  |
|  | Is it required for compliance with University or Legal Regulations: | | Yes | |  | No |  |  | |
|  |  | | | | | | | |  |
|  | Impact and risk of not undertaking the change | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |

## Timescales

## The change is needed no earlier than

dd-mm-yyyy

dd-mm-yyyy

and no later than

## Impact of not delivering by the desired date:

|  |
| --- |
|  |

***Serviceline*** *– please indicate here that you have assessed that the request form has been completed in full*