Banner/SCT Baseline Software Modification Request Form

Person making request: Telephone Number: Department on Campus: Modification Request: Name of Form or Process to be Modified: (e.g. SPAIDEN or SFRSLST) Modification Details: Justification for the Request:	Please Note:	All Baseline Software Modifications must be vote Committee) and must be approved by the UIT Committee).		
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Signature: Date:	Justificatio	n for the Request:		
	Signature:		Date:	