|  | Republic of the Philippines  University of Southeastern Philippines  Iñigo St., Bo. Obrero, Davao City 8000  Telephone: (082) 227-8192  Website: [www.usep.edu.ph](http://www.usep.edu.ph)  Email: president@usep.edu.ph | Form No. | FM-USeP-COD-02 |
| --- | --- | --- | --- |
| Issue Status | 02 |
| Revision No. | 01 |
| Date Effective | 1 MARCH 2018 |
| Approved by | President |
| **DOCUMENT CHANGE REQUEST**  DCR Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

Please read the following instruction carefully before proceeding with your request. Use BLUE or BLACK ink. Write NEATLY and LEGIBLY. Provide all required information. Tick or mark boxes with “X” where necessary. Note: (◀) denotes MANDATORY field.

| 1. TYPE OF REQUEST ◀ | | ◻ New Document ◻ Document Revision ■ Document Nullification | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. TYPE OF DOCUMENT◀ | | ◻ Quality Policy ■ Procedures Manual ◻ Form | | | | | | |
| 1. JUSTIFICATION OF CHANGE ◀ | | ◻ New Document ◻ Typing Error ◻ Process Change ◻ New Responsibility ◻ Change Form ◻ Add Reference ■ Others *(please specify): Integrated in the proposed Procedures Manual.* | | | | | | |
| 1. DOCUMENT TITLE   ◀ Provision of University Email Addresses | | | | | 1. DOCUMENT NUMBER   ◀ FM-USeP-PUE | | | |
| 1. REVISION STATUS   ◀ From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_ | | | | 1. ISSUE STATUS   ◀ From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_ | | | | |
| **DESCRIPTION OF DOCUMENT CHANGE**  ◀ (Provide extra sheet/s if necessary) | | | | | | | | |
| 1. From (Existing) | | | | 1. To (Proposed) | | | | |
| The Provision of University Email Addresses (FM-USeP-PUE) is now integrated in the proposed Procedures Manual, the ICT Development, Management and Support. | | | | Procedures Manual for the ICT Development, Management and Support (PM-USeP-ICT). | | | | |
| 1. PREPARED BY (Complete Name)   ◀ Ariel Roy L. Reyes | | | | 1. COLLEGE/DIVISION/OFFICE   ◀ Systems and Data Management Division | | | | |
| 1. OFFICE CONTACT NUMBER   (082) 227-8192 Local 271 | | | 1. SIGNATURE   ◀ | | | | 1. DATE ACCOMPLISHED (DD/MM/YYYY)   ◀ 11/01/2022 | |
| **This portion will be accomplished only by the UDCO/CDCO, QMC or the Approving Authority** | | | | | | | | |
| 1. REQUEST RESULT *(please check)* ◀ | | | Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. RECOMMENDING APPROVAL ◀ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Quality Management Coordinator | | | | | 1. Signature ◀ | | 1. Date ◀ |
| 1. APPROVED BY ◀ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President | | | | | 1. Signature ◀ | | 1. Date ◀ |