



MODULE ACCEPTANCE FORM

Control No.: _____

SYSTEM / PROJECT NAME

Department/Office	_____
Name	_____
Position	_____
Focus Module / Process	_____
Assigned UCSC Representative	_____

Please check appropriate row/s:

1)	I fully understand how the system works.
2)	I can perform my function with the new system.
3)	<u>I ACCEPT the system.</u>
4)	<u>I ACCEPT the system with much reservations.</u>
5)	I do not want to accept the system.
6)	Others, please indicate:

State your comments:

_____ _____
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Signature: _____	Date: _____
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