

**Information Services and Technology
Administrative Computing - Quality Assurance
Test Acceptance Form**

Project Name:			
Test Type:	<input type="checkbox"/> Functional	<input type="checkbox"/> Authorization	<input type="checkbox"/> Usability <input type="checkbox"/> Interface
	<input type="checkbox"/> Conversion	<input type="checkbox"/> Parallel/Comparison	<input type="checkbox"/> System <input type="checkbox"/> Integration
Test Date(s):			
Test Plan:			
Test Cases Location:		Test Report Location:	
Test Objectives			

TEST ISSUE METRICS

Status	Total	Open	Closed	Pending
Severe				
High				
Medium				
Low				

Outstanding Test Issue(s) Description	Issue No.	Issue Severity	Person(s) Responsible	Comments

TEST SUMMARY

Success Criteria	Success Criteria Met? Yes/No

I/We have reviewed the test results for the above mentioned test plan and cases, and certify that testing has been completed satisfactorily:

This phase of testing is signed-off.

This phase of testing is signed-off, subject to inclusion of the comments noted.

This phase of testing is not signed-off for the reasons noted below.

SIGNATURES

Approved by Project Lead: _____ **Date:** _____
Comments:

Approved by Business Lead: _____ **Date:** _____
Comments:

Approved by Business Process Owner: _____ **Date:** _____
Comments:

Prepared by:

Date: