UNIVERSITY
OF MIAMI

<Name of project>

CLIENT APPLICATION TESTING SIGN-OFF

I have completed all aspects of the application testing to the best of my ability. As part of this test, I have verified all outcomes against the expected results and have identified all known defects.

Print Name: _____

Signature: _____

Title: _____

Date: _____

Aside from the outstanding issues identified in the project issues list, please indicate any items in your area which would prevent from converting on the planned go-live date.

_____

_____

_____

_____

_____

Add Testing Steps here and note pass/fail for each action item:

Steps taken to test	**Results: Pass / Fail**