Information Technology Project Intake Form

Project Information

Requesting Department/Organization *

Project Name *

Project Type *

Please Select One ▾

Project Requester *

First

Last

Project Sponsor *

First

Last

Project Sponsor Email Address *

Director/Dean/AVP *

First

Last

Director/Dean/AVP Email Address *

Vice President *

Academic Affairs

Problem Statement *

Please describe what problem or need you are trying to solve or fulfill (this does not have to include technical detail)

Will this project involve Sensitive Data? *

○ Yes

○ No

For example, Personally Identifiable Information such as Social Security Number, date of birth, or FERPA or HIPAA protected information.

Will this project involve Credit Card payments? *

○ Yes

○ No

Project Impact

Strategic Importance *

How important is this project and why? Is it part of the university's strategic plan?

Impact of this Problem *

What's the impact of this problem or need?

Impact on other Departments, Programs, or Colleges *

What other areas of campus will be impacted by this project? Have you discussed this project with those other areas of campus?

Project Timing/Dependencies

What is the importance of this project to your department, program, or college? *

○ High

○ Medium

○ Low

What is the urgency of this project to your department, program, or college? *

○ High

○ Medium

○ Low

When does a solution need to be available and why? *

Is this a mandatory project? *

○ Yes

○ No

Solution Information

Solution *

What is your proposed solution? Is this a new system, a system replacement, an upgrade, an enhancement, an integration, a process automation or a vendor mandated change?

Integration *

Does your proposed solution need to integrate or "talk" with other systems? If so, please specify the types of data that need to be exchanged and, if known, the systems involved.

Information Technology *

What would you like from Information Technology? What tasks or support are needed from IT to make this project successful?

Responsibility for System Administration, Maintenance, and Operation *

Who will be responsible for administering, maintaining, and supporting this solution?

Costs

If known, are there any costs associated with implementing this project/solution? *

◯ Yes

◯ No

If known, are there any ongoing operational/maintenance costs? *

○ Yes

○ No

Is this project/solution funded? *

○ Yes

○ No

If you have a quote or proposal, please attach it to this submission.

Choose File | No file chosen
Max. file size: 63 MB.

Success *

What are the goals of the project and the success criteria by which they will be measured? (These should be specific and measurable)

Benefits *

What are the benefits of this project to your department/program/college and the institution? Will other departments, programs, colleges benefit?

Alternatives *

What are alternative solutions if this project is not possible?

Additional Comments

Anything else you like to add to this proposal/request?