

**Request for Information Technology Services; non-academic** Revision #3 (4/20/2005)

|  |   |
|--|---|
| (See Instructions Attached)<br><br>(Attach sheets with additional information) | Request Date:<br>Date Required:<br>Project Name:                                  |
|  | (to be completed by IT)<br>SCR#: _____<br><br>Completed: <input type="checkbox"/> |

**A. Requester's Name:**

**B. Requester's Dept:**

**C. Project Classification:**

|  |  |
|--|--|
| <input type="checkbox"/> New system development            | <input type="checkbox"/> Special data file request |
| <input type="checkbox"/> Modification due to policy change | <input type="checkbox"/> Special report request    |
| <input type="checkbox"/> Enhancement to existing system    | <input type="checkbox"/> Fix a software problem    |

**D. Project Description and Purpose.** Please begin with the question or statement that this project will address. (5000 Character Maximum)

Please attach any information or supporting materials that may help us understand, evaluate, and plan for this request. For example:

1. If requesting a web-based form, please attach a Word document with prototype of page layout and specify all information elements to collect
2. If requesting a data file, please attach documentation of the file layout
3. If requesting a report, please attached a Word document with prototype of report layout and specify all information elements to display.

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**E. Project Benefits:**

(Please highlight or check appropriate categories, then provide rationale)

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Improves productivity                      | <input type="checkbox"/> | Regulatory requirement (identify source) |
| <input type="checkbox"/> | Saves costs (estimated savings over \$10k) | <input type="checkbox"/> | Required to support a new process        |
| <input type="checkbox"/> | Saves costs (estimated savings over \$5k)  | <input type="checkbox"/> | Required to support an existing process  |
| <input type="checkbox"/> | Impacts student population                 | <input type="checkbox"/> | Other                                    |
| <input type="checkbox"/> | Impacts student groups of students         |                          |  |
| <input type="checkbox"/> | Impacts a subset of students               |                          |  |

**Rationale:**

**F. Associated Costs (other hardware or software required):**

**G. Deliverables (Explain what you expect from this request):**

**H. Point of Contact in Requesting Department** (name and phone number)

**I. Director or Designated Approving Authority of Requesting Dept:**

|  |
|--|
| Authorized Agent signature:<br><br>Date: |
|--|

**J. Priority Assessment**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Priority One: Critical application involving large student populations, cost impact over \$10k (including salary), or compliance-mandated changes to current procedures. |
| <input type="checkbox"/> | Priority Two: Significant application involving major student groups or categories of students or cost impact over \$5k (including salary).                              |
| <input type="checkbox"/> | Priority Three: Substantial application involving limited subsets of student services or upgrades/modifications to existing procedures.                                  |
| <input type="checkbox"/> | Priority Four: Routine application involving cosmetic changes and upgrades.  |
| <input type="checkbox"/> |  |

**K. To be completed by Office of Information Technology & Services:**

**Time estimate:**

|                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | Mini (< 4 hours)   |
| <input type="checkbox"/> | Short (< 1 week)   |
| <input type="checkbox"/> | Medium (< 1 month) |
| <input type="checkbox"/> | Long (> 1 month)   |

**Resources:**

**Costs:**

**Analyst assigned:**

**Date started:**

**Date testing started:**

**Date closed:**

IT sign off

Date:

## Instructions for Completing the Request for Information Technology Services

The customer should fill out page one. All sections must be completed. Attach any supporting documentation – this may include product brochures, articles, or any other information you may have regarding your project.

- A.** Fill in the name and the department of the person completing the request form.
- B.** Define a simple one-line description of your project.
- C.** Place a check in the box that best describes the type of work requested.
- D.** A description of what your project is and what you intend to accomplish through this project (the purpose and benefit).
- E.** Place a check in the box next to each item that applies to your project. In the space below, write a description of how your project will achieve that benefit.
- F.** Explain to the best of your ability what you believe this project will cost (not including IT resources). Example: if you're asking for specific software, provide that cost.
- G.** Explain what you expect delivered at the completion of this project
- H.** If there is a specific date when this project must be completed, enter that here.
- I.** List the name and phone number of the person or people in your department who will be involved in this project.
- J.** Approval of your Director or Designated Approving Authority.
- K.** Route the request to IT for prioritization.