FAYETTEVILLE
STATE UNIVERSITY

Project Request Form

Instructions: Before completing the entire form and submitting (in Microsoft Word format) along with any vendor documentation, configuration diagrams, etc. to ITTS, **please make sure you will be available to provide additional information** if needed. The project request will be reviewed and prioritized dependent upon completion date of **ALL** required information, not the initial request date.

Request Date:	
Project Title:	
Project Owner:	
FSU Project Sponsor:	
Funding Sources:	State Title III Trust Account Grant Auxiliary Fund Grant Start Date Grant End Date
Budgeted Amount:	$
Proposed "Go Live" Date:	
Project Description:	*What initiative or problem will this project address?*
Project Outcomes:	*What will be achieved by this project? Outcomes should be SMART- Specific, Measurable, Achievable, Realistic, and Time-Bound.*

Requested IT Services:	*What specific IT services are you requesting during each phase of this project (Set-up Phase, Implementation/Configuration Phase, Testing Phase, Go-Live Support, and Long Term Maintenance).*
Project Justification:	*Why should this project be undertaken? Cost savings potential, better customer service, operational efficiency / time savings (how much time)? Explain in detail.*
Proposed Location of Program or Equipment:	*What is the location of the program or the location of equipment that will be used?*
Special Instructions / Additional Information:	*Please advice of any additional information that may be useful.*
Information Security Review Required:	**YES NO N/A**
Information Security Review Comment:	*To be completed by the ITTS Information Security Officer*
Decision:	**Approved / Rejected MM / DD / YYYY**
Package Completion Date:	*To be completed by the ITTS Project Review Committee.*
Comments:	*To be completed by ITTS Project Review Committee indicating if the project is approved or not.*