**Clayton State University ITC Project Request Form**

All IT project requests, as well as IT policy requests, shall be submitted to the IT Council using this form. Please see the IT Project Request Process for the criteria to be considered an IT project and other process details.

After obtaining the preliminary approval signatures, forward this form to the IT Business Analyst.

**Type of request:** [x] IT Project [ ]  IT Policy

1. **Title of request:**
2. **Date of request:**
3. **Point of contact for questions:**
4. **Description of request (briefly describe what the request would accomplish):**
5. **Justification for request:**
	1. What university strategic goals does the request support?
	2. Please list the risks/consequences (if approved and if not approved)?
	3. Potential impact on academic and/or administrative programs?
6. **Estimated cost of project (e.g., funding for hardware/software, OITS time, etc.)**
	1. One-time cost:
	2. Ongoing/recurring costs:
7. **Source of Funding: Select one of the following:**
	1. [ ]  Funding may be available from the requestor (OITS will provide a cost estimate before any funds are committed.)
	2. [ ]  Funding being requested
	3. [ ]  N/A
8. **Preliminary approval signatures:**

Department/Office Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_