UNIVERSITY OF THE EAST
Information Technology Department
PROJECT REQUEST FORM

Project Request #: **YYYY-15-M-00001**

Submission Details *(To be filled up by the INITIATOR)*

Project Name:	
Requester:		*Requester's Signature:*	
College/Dept.:		*Date Requested:*	

Project Request Information *(To be filled up by the INITIATOR)*

Description:	
Reason:	
System Affected:	

Urgency: | | *Estimated Completion Date:*

| ☐ High | ☐ Medium | ☐ Low | |

| *Impact of Not Making the Project:* | |

Impact Assessment *(To be filled up by the Campus ITD Senior Assistant Director)*

SCOPE OF WORK

Impact:	☐ No Change	☐ Expand	☐ Reduce
Description:			
Attachment:	None		

SCHEDULE

Impact:	☐ No Change	☐ Lengthen	☐ Shorten
Duration:	Day/s	*Revised Completion Date:*	
Attachment:	None		

ESTIMATED COST

Impact:	☐ No Change	☐ Increase	☐ Decrease
Description:			

Particulars	Qty/Unit Cost	Cost
TOTAL COST		P

| *Attachment:* | |

Recommendation/ Approval *(To be filled up by the TECHNICAL COMMITTEE & ITD DIRECTOR)*

Final Recommendation:	☐ Approved	☐ Rejected

I have reviewed the information contained in this Project Request Form and agree.

Name	Designation	Signature	Date

Closeout

Customer Name	*Techsupport Name*
CLIENT/CUSTOMER	**ITDepartment TECHSUPPORT**
Date	Date