

Business Requirement Form

Information Technology Division - Chicago State University

(For questions or concerns please contact the ITD Helpdesk at 773-995-3963)

1. Requesting Dept: Department Contact:
- Contact's Extension: Contact's Email: Date:
- Department Head Approval: _____

Project Definition

2. Project/Application Name: Expected Completion Date: _____
- New Upgrade ITD Training Required
- Description of Project/Application:
- Purpose of Project/Application:
- What systems will be affected?
- What portions of the campus community are affected?
- Security Issues?
- What Network Resources will be required?

ITD Approval

- Applications Director Signature: Date:
- Network Infrastructure Signature: Date: