



SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

ONE ARMORY SQUARE, P.O. BOX 9000, SPRINGFIELD, MASSACHUSETTS 01101

Information Systems Team

REQUEST FORM

USER NAME:

DATE:

DEPARTMENT/OFFICE:

EXT:

REQUEST:

SERVICES REQUESTED

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GENERAL DESCRIPTION:

SUPPLY SUPPORTING DOCUMENTS (IF NEEDED) OF REQUIRED INPUT/OUTPUT.

JUSTIFICATION

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Is this request NEW or a MODIFICATION to an existing process?

How soon is this request needed?

Why is this request required at this specific time? Explain?

Will the information be used by Your office only?___ Other users? _____ list

How often? DAILY___ ANNUALLY___ OTHER_____

Are you currently receiving the information provided by this request? Yes___ No___

From whom? _____

At what cost?_____

Are you currently producing the information this request is expected to supply?

From what sources?_____

At what cost?_____

Who will be assigned from your staff to work with IT on this project?

If data entry is required on this project, will your office...

ASSIST?_____ PROVIDE DATA ENTRY?_____ NEITHER?_____

APPROVAL OF SUPERVISING DEAN

DATE