1. **This is a Request for:** Choose an item.
2. **Date Submitted:** Click or tap to enter a date.
3. **Request Title and Suffolk University Contact Information**

|  |  |
| --- | --- |
| **Request Title:** |  |
| **Requestor’s Name:** |  |
| **Requestor’s Department:** |  |
| **Requestor’s Email:** |  |
| **Requestor’s Work Telephone Number:** |  |
| **Sponsor’s Name:** |  |
| **Sponsor’s Email:** |  |
| **Sponsor’s Work Telephone Number:** |  |

 *NOTE: Sponsors are at the Vice President, Provost and Dean Level*

1. **Vendor, Software Name and Contact**

|  |  |
| --- | --- |
| **Vendor:** |  |
| **Software Name:** |  |
| **Software Address:** |  |
| **Software Web Page:** |  |
| **Software Name and Title:** |  |
| **Contact email and telephone number:** |  |

NOTE:

* If this is a Discovery Request, please provide the information for each vendor
* Accessibility Assessment and ITS Security/Access Assessment must be completed for all requests. The ITS Project Management Office will assist on requesting and managing these two assessments.
1. **Cost and Funding**

|  |  |
| --- | --- |
| **Estimated Cost:** |  |
| **Approved Budget Amount:** | *If approved for current Fiscal Year* |
| **University Funding Source:** | *Name, department, Account #* |

1. **Request Overview:**

|  |  |
| --- | --- |
| **Business Case:** | *In 1 - 3 sentences identify why you wish the university to pursue the request* |
| **How does the request align with the Strategic Plan:** | *In 1 – 3 sentences describe how the request contributes to the current Strategic Plan* |
| **Goals and Objectives:** | *In 1 – 3 sentences identify how this request benefits Suffolk University and the Stakeholders* |
| **Success Criteria:** | *In 1 – 3 sentences list the measurements to be used to determine success* |
| **Alternative Options:** | *In 1 – 3 sentences what alternative options exit to meet the need being addressed* |

1. **Which Suffolk Business Units Would Benefit FromThis Request and Should be Involved**

|  |  |  |
| --- | --- | --- |
| **Department** | **Y or N** | **Comment Why** |
| Admissions: GRAD | Choose an item. |  |
| Admissions: U-GRAD | Choose an item. |  |
| Admissions: Law School | Choose an item. |  |
| Advancement | Choose an item. |  |
| Budget Office | Choose an item. |  |
| Bursar | Choose an item. |  |
| Campus Card Services | Choose an item. |  |
| Center for Career Equity, Development & Success | Choose an item. |  |
| Center for Teaching and Scholarly Excellence | Choose an item. |  |
| College of Arts and Sciences | Choose an item. |  |
| Department of Student Success | Choose an item. |  |
| Facilities | Choose an item. |  |
| Diversity Access and Inclusion | Choose an item. |  |
| Financial Aid | Choose an item. |  |
| Human Resources | Choose an item. |  |
| ITS | Choose an item. |  |
| Law School | Choose an item. |  |
| Provost | Choose an item. |  |
| Registrar | Choose an item. |  |
| Sawyer Business School | Choose an item. |  |
| Sawyer Library | Choose an item. |  |
| Student Affairs | Choose an item. |  |
| Add Department Not Listed If not on List | Choose an item. |  |
| Add Department Not Listed If not on List | Choose an item. |  |
| Add Department Not Listed If not on List | Choose an item. |  |
| Add Department Not Listed If not on List | Choose an item. |  |

1. **ITS: Security and Integrations**

|  |  |  |
| --- | --- | --- |
| **Will there be an integration from Workday or Colleague?** | Choose an item. |  |
| **If yes, please list what fields and if it includes confidential data.** |  | *Examples of confidential data are SSN, Financial Information, FERPA* |
| **Who will have access to the product and data?** |  | *List either employee(s) or Business Units* |
| **Who will be the Business Unit Administrator/Product Owner?** |  | *Please list two Administrator/Product Owner(s). Highlight who the primary is* |
| **Will Single Sign On (SSO) be set up?** | Choose an item. | *Suffolk supports ADFS/SAML 2* |

*As noted in III: Accessibility Assessment and ITS Security/Access Assessment must be completed for all requests.*

***Please include any documentation that will support the request***

1. **Signatures**

The request is not complete without the following signatures. Once completed, please email the request to Marian Sales msales@suffolk.edu from the ITS Project Management Office Once received, she will assist in next steps of the process.

Please note, submission of a signed request form does not imply that it is a guarantee that it will be approved.

Review of the IT Governance Process can be found here:

 and the Software and Hardware Requisition Policy can be found here:

<https://www.suffolk.edu/about/directory/information-technology-services/about/it-governance/its-software-and-hardware-requisition-policy>

|  |  |
| --- | --- |
| **Date** | Click or tap to enter a date. |
| **Requestor’s Name** |  |
| **Requestor Signature** |  |

|  |  |
| --- | --- |
| **Date** | Click or tap to enter a date. |
| **Manager’s Name** |  |
| **Manager’s Signature** |  |

*For Submission Acknowledgement*

|  |  |
| --- | --- |
| **Date** | Click or tap to enter a date. |
| **Sponsor’s Name** |  |
| **Sponsor Signature** |  |

*For Submission Acknowledgement*

*NOTE: Sponsors are at the Vice President, Provost and Dean Level*