



# Project Request Form

## 1 Project Requestor Contact Information

<b>Date:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Email:</b>	
<b>Title:</b>			
<b>Department / School / Division:</b>			

## 2 Project Information

<b>Desired Project Name:</b> <i>(Ex. Immunization Database)</i>			
<b>Project Description:</b> <i>(What do you want to do?)</i>			
<b>Justification:</b> <i>(Reason (s) for doing this project)</i>			
<b>Data Requirements:</b> <i>(Does the project contain the following identifiable information)</i>	<input type="checkbox"/> Patient Health Information (PHI)	<input type="checkbox"/> Personally Identifiable Information (PII)	
	<input type="checkbox"/> Education/Student Records (FERPA)	<input type="checkbox"/> Non-Applicable	
	Other:		
<b>Target Date to Begin Project:</b> <i>(Select One)</i>	<input type="checkbox"/> 0-3 Months	<input type="checkbox"/> 4-6 Months	<input type="checkbox"/> 7-12 Months <input type="checkbox"/> More than 12 Months

## 3 PMO Internal Use Only

<b>Project ID:</b>			
<b>Project Accepted:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date Accepted:</b>