Student Activities
IT Project Planning Form

Organization Name: ______________________________________________________________

Project Coordinator:
Name: __________________________ E-mail: __________________ Phone: _______________________

___ This is a new project. Please describe the project below.
___ This project already exists. Please describe new features or modifications below, if any.

Resources Required (check all that apply):

___ Basic Web Site __ ___ Web Site with Registration
___ Database __ ___ Site Security/SSL Certificate (for confidential data)
___ Online Payment __ ___ NetID-based Sign-in Capability
___ Laptops/Desktops __ ___ Internet connectivity on-location
___ Staff Training __ ___ Power supplies (surge protectors or generators)
___ Tents/Tables/Chairs __ ___ IT Staff Support on-location

Project Timeline:

"Go-Live" Date for Project: ____________________________________________________________
(The "go-live" date is the earliest date the site will be required to be available to users.)
- For new or modified projects: complete this form 4 months prior to the above date.
- For unchanged existing projects: complete and return 2 months prior to the above date.

Duration of Project: ________________________________________________________________

Organization Advisor:
Name: _____________________ Signature: ___________________________ Date: _______________

Organization Chief Student Leader:
Name: _____________________ Signature: ___________________________ Date: _______________