Request for Services

Student Systems Office 60 SSB

RFS Number
(SS Only) _____

Requestor Information

Primary Contact Name: _____ Department: _____

Phone Number: _____ Email Address: _____ Campus Address: _____

If the tester is different than the primary contact, please provide the following information:

Tester Name: _____ Department: _____

Phone Number: _____ Email Address: _____ Campus Address: _____

Type of Request

Please choose one: Problem   Modification   Report   Web   Cancel

Problem: Production problem that is currently preventing users from fulfilling their job responsibilities.
Modification: Make a modification to existing programs or functionality.
Report: Create a new report or modify an existing report.
Web: Create a new web program or modify an existing web program.
Cancel: Cancel a previous request.

Prioritization Information

Priority: _____   Date Submitted: _____   Target Date: _____

If primary focus was selected,
please provide written justification.

Description of Request

This is for a summary description only. Please put details on page 2.

Other Details

PeopleSoft Page/ Web Application/ Process Name: _____

Name and Number of Existing Mod: _____ Path: _____

Provide Additional Details / Mock-ups / Comments

Report Details (For Report Requests Only)

Selection Criteria & Sort Order:

Frequency, Parameters, and
File Format:

Layout of Report: Portrait   Landscape

For additional information, please email additional files or screen shots to
studentsystems@sa.utah.edu. Provide the name of the file.