ITS Technology Review Questionnaire

This document should be completed by any department evaluating third party technology to support the work of that department. This review must be completed before any funding commitment or contract evaluation.

Department   Contact name

Name of Technology   Vendor Company name

Desired time frame for implementation _____

Does this system replace any current university application? ☐Yes ☐No

Brief description of purpose of technology:

Operating Environment

System will be: ☐ Hosted by the vendor   ☐ Run on servers on campus

Interface with University Information Systems

Will this system require a data interface with one or more of the University's enterprise information systems? Examples

☐Yes   ☐No

Networking

Does this system have any special networking requirements? Examples

☐Yes   ☐No

What bandwidth is recommended for the server? Examples

Workstations

What are the configuration requirements for workstations accessing the system?

Security

Does this system conduct any financial transactions via credit/debit card or ACH?

☐Yes   ☐No

Has the ITS Information Security Officer been notified about this potential application?

☐Yes   ☐No

Has the ITS security questionnaire been completed? (Please return with this document.)

☐Yes   ☐No