

**A.B. Freeman School of Business**  
**Project Request Form**

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Purpose/Mission of Your**

**Organization:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In order for us to best satisfy your business needs, please tell us a bit about your business.*

☐ For Profit ☐ Not For Profit

The project is primarily: ☐ Business Planning ☐ Human Resources ☐ Marketing  
☐ Technological/Technical ☐ Other \_\_\_\_\_

**What is your specific project or problem?** \_\_\_\_\_

\_\_\_\_\_

**What is your estimated time frame for this project?** \_\_\_\_\_

**Approximately how many clients does your organization serve?**

☐ Less than 50 ☐ 50-199 ☐ 200-500 ☐ More than 500

**What is the biggest challenge facing your organization?** \_\_\_\_\_

\_\_\_\_\_

**Where do you hear about the services at Tulane University?** \_\_\_\_\_

\_\_\_\_\_

**What are your expectations for this project?** \_\_\_\_\_

\_\_\_\_\_

**Are you willing to participate in an on-site interview with our student leaders?** \_\_\_\_\_

Tulane Use Only

Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

If we are unable to fill your request in the current semester, we will keep your request on file. By filling out this form you understand that the information stated on this document may be posted on the Internet for student accessibility. Contact: Rosalind G. Butler at (504) 862-8482 or email: [rbutler@tulane.edu](mailto:rbutler@tulane.edu) or fax: (504) 862-8902.

Tulane Use Only

Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_