A.B. Freeman School of Business
Project Request Form

Organization Name:_____

Contact Person:_____ **E-Mail:**_____

Address:_____ **City:** _____

State:_____ **Zip Code:** _____ **Phone:** _____

Fax: _____ **Mobile:** _____

Purpose/Mission of Your Organization:_____

_____

Is your organization: ☐**Community Oriented** ☐**Educationally Oriented**

Other: _____

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

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? _____

☐**By checking this box, I understand that the information stated on this document may be posted on the Internet for student accessibility.**

If we are unable to fill your request in the current semester, we will keep your request on file.
Contact: Lina Alfieri Stern, linaa@tulane.edu or (504) 865-5455. Fax: (504) 862-8902.

Tulane Use Only: Date Received: _____ Date Assigned: _____