

# Prairie View A&M University

## Argos Report Request Form

### Section 1

To be completed by Users. Please provide as much information as you can and then submit the signed form to [itops@pvamu.edu](mailto:itops@pvamu.edu)

Requestor Name  Department

Email  Phone ext.  Request Type

Reporting Source  If "Other", then provide name of source

If Banner, explain why

Existing Datablock/Report Name

New Report Request Title

Request Description

**Business Purpose/Use** (Describe business need, how is the need currently being met? and are there available workarounds?)

Priority Level  **High:** Executive requests or requests that are time bound and have significant impact on business operations.  
**Medium:** Requests that are not Critical; they have isolated impact and may have work-arounds. Most requests are considered medium.  
**Low:** Low priority is most often used for reports that are nice to have and do not inhibit the functionality

If High, explain why

### Additional Information (Check all that apply)

Who will use this report	Report Schedule	Usage (check all that apply)
<input type="checkbox"/> Department	Schedule <input type="text"/>	<input type="checkbox"/> Ad Hoc
<input type="checkbox"/> University	Start Date <input type="text"/>	<input type="checkbox"/> Excel (CSV)
<input type="checkbox"/> All Distributed Users	End Date <input type="text"/>	<input type="checkbox"/> PDF
Other <input type="text"/>	Start Time <input type="text"/>	Other <input type="text"/>
	Email Recipients <input type="text"/>	

**Backup/Tester Contact Information**

Provide the name of an additional person that should be contacted regarding questions on this request as well as any individuals that should be involved in testing the report that is created.

<b>Backup</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Tester</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>

**Comments**

**Section 2**

To be completed and signed by Business Owner(s) and Deans/Department Heads

**Business Owner**

<input type="text"/>	<input type="text"/>
<b>Signature Field</b>	<b>Date Field</b>

**Dean/Department Head**

<input type="text"/>	<input type="text"/>
<b>Signature Field</b>	<b>Date Field</b>