

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 or fax: (504) 862-8902.

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Date Received: _____

Date Assigned: _____