

Special Project Request Form

Measurement & Evaluation Center
University of Houston

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Date		File Name	
Name of Contact		Assigned Team Leader:	
Client		Team Members:	
Phone Number	Fax Number		
E-Mail		Completed Date:	

PROJECT INFORMATION			
<input type="checkbox"/> UH Admin Dept.	<input type="checkbox"/> USB Must provide your own device. USB will be formatted to prevent viruses		
<input type="checkbox"/> Faculty	<input type="checkbox"/> Conversion		
<input type="checkbox"/> Staff	<input type="checkbox"/> Excel		
<input type="checkbox"/> Student	<input type="checkbox"/> SPSS		
<input type="checkbox"/> Non-UH	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Profit			
<input type="checkbox"/> Non-Profit			

SPECIAL INSTRUCTIONS / REQUESTS

SUBMIT	RECEIVE
Your signature below certifies you agree to the terms stipulated in this form	Your signature below signifies that you have received all the Project materials submitted.
_____	_____
Signature (submitted)	Signature (received) Date

OFFICE USE ONLY	
File Name	Number of records

Download forms and view our services at www.uh.edu/MEC.