

ACADEMIC SOFTWARE REQUEST FORM

It is recommended that requests be discussed with Department Heads and/or Deans since all software requests are subject to authorization and verification of need by the chair of the requesting department and the dean.

Software Title: _____

Software Description:

INSTRUCTIONAL: _____	RESEARCH: _____
----------------------	-----------------

Software Vendor: _____ **URL (if available):** _____

Rationale for Instructional or Research Application:

Requested for Semester: _____
(Semester/Year)

Requested For Course(s) / Lab(s):	Course Code	Course Title
	_____	_____
	_____	_____

Location of Machine/Lab _____

Approximate Cost/License: \$ _____ **Nr Copies Req'd** _____

Requestor: _____ **Date:** _____

Department: _____

Department Chair Signature: _____

Dean's Signature: _____