

Institutional Software Request Form

Request # _____ Date Requested: _____ Date Completed: _____

- All software requests must be submitted at least 6 months in advance of desired use.
- The request form must be completely filled out for each program requested. Missing information will delay evaluation and approval.
- Complete the request form and obtain all necessary signatures.
- After final approval, you may order the software.
- When the software is received at your location (if applicable), call CAS² to have it added to the next set of installed software.
- **Only approved software will be installed on public computers in the Medical Center.**

Requestor Information

Name (please print): _____ Signature: _____

Department: _____ E-mail address: _____

Software Program Information

Program Title: _____

Publisher: _____

Company website or contact information: _____

Number of licenses needed: _____ Cost per license: _____ Total cost: _____

Source of funding for license(s): Capital Operations Research Endowment

Organization/Funding Source/Account: _____

Web-based? Yes No

Annual renewal? Yes No If yes, renewal fee: _____

Course Information

Course Title: _____ Course Number: _____

Number of students: _____

Requested software program is:

Required for use by students	yes	no
Optional for use by students	yes	no

Desired installation location for software: _____

Justification

Purchase Recommendation _____ Date _____
Department Chair

_____ Date _____
Academic Dean

_____ Date _____
Institutional Software Coordinating Committee

Software Evaluation Status:

Approved Refused Date: _____ If approved, number of licenses purchased: _____

Location of installation: _____

Funding approval: _____

Funding source for licenses: _____

Comments: _____