

Judith Herb College of Education Software Request form

Date of Request: _____

Requestor's Name: _____

Department: _____ Phone Number: _____

Software Title: _____ Version # _____

Vendor: _____

URL (if appropriate): _____

Justification/Rational: Explain the purpose of this software:

Funding Source: _____

Lab computers to be installed: PC Mac Both Mobile Carts

Date to be Installed (Expected length of use): _____

For Office Use Only

Approved

Not Approved

Carver Center Coordinator

College IT Director

Date

Date