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

Department Chair  Date ___________________________

__________________________________________________________  Date ___________________________

Academic Dean  Date ___________________________

__________________________________________________________  Date ___________________________

Institutional Software Coordinating Committee  Date ___________________________
<table>
<thead>
<tr>
<th><strong>Software Evaluation Status:</strong></th>
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<tbody>
<tr>
<td>Approved</td>
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<tr>
<td>Location of installation: ________________________________</td>
</tr>
<tr>
<td>Funding approval: ________________________________________</td>
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<tr>
<td>Funding source for licenses: ______________________________</td>
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<tr>
<td>Comments: ______________________________________________</td>
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