

# Software Request Form

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Please review Software Request Policy before completing this form.

Originator: Name: \_\_\_\_\_  
Department/School: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Software: Title: \_\_\_\_\_  
Version: \_\_\_\_\_  
Platform:  Windows  Macintosh  
Required: Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
Number of Licenses needed: \_\_\_\_\_  
Media:  Download/Electronic Version  CD/DVD  Other \_\_\_\_\_

Upgrade or replacement?  no  Yes, Software\*\*: \_\_\_\_\_  
**\*\*Replaced software will be deleted once install is complete.**

Installation:  Network  Local Hard Drive\*  
**\* Only if networked version is not available or not suitable.**

Location and purpose:  
\_Course(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_Classroom/Lab location(s): Building: \_\_\_\_\_ Room: \_\_\_\_\_  
Building: \_\_\_\_\_ Room: \_\_\_\_\_  
Building: \_\_\_\_\_ Room: \_\_\_\_\_

\_Office: Location: \_\_\_\_\_  
CCID#: \_\_\_\_\_ or Barcode/Color: \_\_\_\_\_ Number: \_\_\_\_\_

Is software new to the college?  yes  no, software is already owned by college.  
If YES, has the funding for the purchase been obtained through your department or dean?  
 Yes  Not Yet Dept./School \_\_\_\_\_

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## Approvals:

Originator: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

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## IT Use:

Director of IT: \_\_\_\_\_ Date: \_\_\_\_\_  
Notification: Date: \_\_\_\_\_ by  email  phone  message  
Software & Licensing Received: Date: \_\_\_\_\_ By: \_\_\_\_\_

Rejection:  incompatibility with existing software/hardware  
 no financial backing  
 duplication of existing software

Other: \_\_\_\_\_

Recorded: \_\_\_\_\_