

SOFTWARE REQUEST FORM

PLEASE FILL OUT ON COMPUTER

New

Upgrade

Name: _____ Date: _____

Department: _____ Position: _____

Account Number: _____

Software Requested: _____

Does this software need to be purchased from a specific vendor? Yes No

If so, whom? _____

Purpose of this software: _____

Computer(s) to be installed on: _____

What are the system requirements of this software?

Operating System: _____ 32 bit or 64 bit

Ram: _____ Video Card: _____ Processor: _____ Other: _____

Does this computer meet these requirements? Yes No

Printed name of department supervisor: _____

Signature of department supervisor: _____

For Campus Technology Use Only:

Date Received: _____

Approved By: _____ Denied By: _____

Purchased: _____

Date Installed/Notified: _____