Academic Software Form

From

Faculty Member (Name)_____ Date_____

Through

Department Chair (Name)_____ Date_____

Through

Dean (Name)_____ Date_____

To

Dir., User Support Services (Name) Paul Morris Date_____

Request the following academic software, which will be used for (circle one or more).

Instruction **Research** **Other**

Short Justification

_____

_____

_____

_____

_____

_____

_____

_____

Software Program	Version #	Win or Mac Lab(s)	Class Supported # of Students Served	# of Copies	Estimated Cost