

Software Installation Request

Faculty _____ Dept. _____ Phone _____ Date _____

The software will be used for the following class(es) _____
(Course title and course number)

Number of enrolled students in this class is _____

Software Pkg.	Platform	How many seats/site?	Who will purchase it?

Needed by date	To be accessible in Lab (room #)	Software removal date <small>(no longer needed)</small>	Actual removal date <small>(removed by)</small>

Who in the department will perform the installation?

_____ Room No.: _____ Phone: _____
(name)

Who in the department will perform the acceptance testing during/after the installation process?

_____ Room No.: _____ Phone: _____
(name)

******* Installation is a team effort with Engineering College Computing providing system support. *******

Software brief description: _____

Comments: _____

Approval – Department Chair: _____

- ◆ Proof of the software licensing agreement is required.
- ◆ Original software media (diskettes or CD-ROM) or authorized backup copy must be retained in Engineering College Computing.

- ◆ Documentation for the software should be maintained in Engineering College Computing so that students may have access to it.