

**Software Request for Research Foundation Grants
Academic Computing Services**

Date: _____ Account to be charged: _____

Requestor Name: _____ Department: _____

Recipient, if different _____

Room/Bldg. _____ Phone: _____ E-mail: _____

This software will go on: _____ An existing system _____ A new computer

CPU (SUNY BAR-CODE ID) Number: _____

- Software Application: _____ Version: _____
- Platform: Macintosh _____ Windows _____

Academic Computing Services reserves the right to charge academic departments for limited or unsupported software. Please refer to the Software Support Policy for Faculty/Staff at:
<http://www.cortland.edu/ir/support.asp>

Please provide an explanation to purchase limited or unsupported software.

Explanation: _____

I have reviewed a copy of the SUNY Cortland Copyright Policy. I understand that my utilization of this campus purchased software is strictly governed by these guidelines.
http://www.cortland.edu/copyright/tbl_of_contents.html.

Approval Routing:
Project Director/Designee _____ Submit form to Research Foundation Office

Assoc. Provost for Information Resources _____ Date _____

| | |
|--|------------------------------|
| ACS Use Only | |
| Software Cost to Department: _____ | Date Ordered: _____ |
| Limited/Unsupported Approved by Director of ACS: _____ | |
| Date Distributed: _____/_____/_____ | Installer's Signature: _____ |
| Order# _____ | Fund Transfer _____ |