

Academic Computing Services

Software Request Form for Computer Lab or Classroom/Cart

Date: _____

Course Instructor: _____ Department: _____

- Software Name: _____ Version: _____
- Software Vendor: _____
- Other Software Information: (i.e. Website) _____

Class/Semester Information:

- Semester: _____ (Spring, Fall, Perpetual, etc.)
- Until: _____ (Needed until end of this semester, Fall 2006, etc.)
- Locations: _____ (Labs and/or classrooms/carts that need the software)
- Class(es): _____ (Course that will utilize the software)

Have you used this software before? Yes _____ No _____

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

Please describe in detail how the software will be used in your teaching or course work:

Faculty/Staff Signature _____ Phone: _____

Approved, Dept. Chair/Head: _____ Date _____

Send completed form to: Director, Academic Computing Services, Winchell Hall

ACS Use Only

Software Cost to Department: _____ **Date Ordered:** _____

Account to be charged: _____

Limited/Unsupported Approved by Director of ACS: _____

Date Distributed: ____/____/____ Installer's Signature: _____