INSTRUCTIONAL SOFTWARE REQUEST

Instructor:_____

Department:_____ Phone:_____

Course Name:_____

Course No:_____ Semester:_____

Alternate Contact:_____

Phone/Email:_____

- ☐ Upper Valley Campus
- ☐ Media Center
- ☐ Library
- ☐ Electronic Classroom
- ☐ Other:_____

Software Title:_____

Version: _____ Required Ram: _____ Required Drive Space: _____

Special Instructions:_____

_____

_____

◉ I have the software. I possess _____ licenses to cover this request.

○ I need to purchase the software. I will need ____ licenses to cover this request.

→ ☐ I would like assistance ordering software.

Requestor Name: _____ Date: _____

Division Dean: _____ Date: _____

Academic Affairs/Instructional Technology: _____ Date: _____

CC: Director of Institutional Technology

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