

SCC/Academic Software Request Form

Academic software requests are initiated by the faculty members, center directors and/or department chairs through the use of this form to identify specific software needs for the instructional computer labs at all Ashland University campus locations.

Please fill out this form, obtain appropriate approval, and fax back to **ext. 5839** to the attention of the Director of Information Technology. The form will be reviewed and submitted to the Software Coordinating Committee for action. **Note – Software requests should be submitted least 8 weeks prior to the start of the semester in which it will be needed.**

Requestor Information

Name: _____ Date: _____

Department: _____ Phone: _____

Office Address: _____ E-mail: _____
Campus/Building Code Room Number

Software Information

Software Title/Version: _____ Manufacturer: _____

Is this New, Upgrade, or Demo software? **New** **Upgrade (from version _____)** **Demo***
(Circle One)

*Note – Demonstration software used in the classroom *must be licensed for the entire semester*. It can only be used for *one semester* after which a purchase/use decision must be made.

Course(s) that require this software: _____

Classrooms requiring access: _____

Estimated number of AU faculty/students using this software package: _____ / _____

SCC Use

Date request received in IT: _____ Received By: _____

Date request reviewed by SCC: _____

Status: **Approved** **Additional Information Requested** **Disapproved**
(Circle one)

Comments/Remarks: _____

Evaluation/Implementation

Date of reviews: Faculty _____ IT _____ Status: _____

Date of Software Installation: _____ Installed by: _____

Faculty review and acceptance: _____
(Name / Date)

Comments/Remarks: _____

