

Academic Computing Services

Software Installation Request

(Please use one request form per software installation)

Applicant Information: (Applicant must be full-time Faculty or Staff)

Name: _____ Date of Request: _____

Department: _____ Date Needed: _____

Daytime Phone: () _____ (Minimum of 10 **working** days from request date)

Software Information:

Title: _____ Version: _____

Company: _____

Address: _____

Contact: _____ Phone Number: () _____

Please choose installation location: PC-Labs Smart-Carts Desktop PC

Please include a copy of the installation media (CD, Floppy, etc.), manuals, and license agreement.

Licensing: *Please choose only one, and complete the appropriate section:*

Software cannot be installed until valid licenses are provided

Software is Public Domain (Please attach release statement)

Software is Shareware (Please attach release / Registration statement)

Software is Licensed (Please attach original license agreement(s))

Users Licensed for: _____ Expiration Date: _____

Contact for Renewal: _____ Daytime Phone: () _____

Software is Donated (Please attach proof of donation)

Donated by: _____ Donated to: _____

Users Licensed for: _____ Expiration Date: _____

I confirm that the above information is true. I accept all responsibility for the maintenance and upkeep of the above mentioned software package, including licensing and renewal fees.

I understand that the software package will be removed from the system without notice after the expiration date unless a new license is submitted.

Print Name: _____ Department: _____

Signature: _____ Date: _____

**Please return this form with Software Media, Manuals and License to:
Academic Computing, Attn: Software Installs, Student Mall, Room 41**

Please complete and attach Page 2.

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Installation Information

For installation and support, you must provide original, unconfigured installation media (Diskettes or CD), original manuals, and original license information. These items cannot be returned.

Please initial: _____

Install for: Execution Distribution (Please provide distribution license)

Estimated Number of Users: _____ List Classes: (ex. CIS-101) _____

Requested PC Lab: (May be changed at CSD's discretion)

Mall 36 Mall 37 Mall 38 Mall 39 Mall 40

Library Learning Center

Operating System: (Check all that apply)

Win NT 4.0 Win 2000 Unix

Support Information:

Please note: Academic Computing will only provide rudimentary support for installed software packages. These services only include: where to find package, initial execution of package, exiting of package, basic printing, and location of secondary support. All secondary support is to be provided by the person(s) and department(s) requesting installation.

Please initial: _____

Who will be providing support: (Please give name, department, location and phone number)

Location of Documentation: _____

(To be completed by CSD only)

Date Received: _____ Target Date: _____ Date Completed: _____

Documentation: _____

Software: _____

License: _____

Location: _____

Path: _____

Commands installed: _____

Printing: _____

Installed by: _____ Signature _____ Date: _____