Student Computing Lab
Software Installation Request

To

Student Computing Lab Software Installation Request
Attn: Student Lab Manager
Campus Zip 3155

Sponsoring Faculty

Name:

E-mail:

Telephone:

College/Dept:

Software Information

Installation Type:

Title:

Version:

Platform:

Vendor/Publisher:

Web Site:

Software Description:

Location(s) Requested:

Classes Supported:

Other Explanation:

License

Attach a copy of appropriate licensing
Appropriate licensing is REQUIRED for all installations