

SOFTWARE PURCHASE REQUEST FORM

SOFTWARE INFORMATION

| | | |
|--|--|--|
| Name of Software: | | Version: |
| During which semester(s) and year will the software be used? | | |
| <input type="checkbox"/> Fall: _____ <input type="checkbox"/> Spring: _____ <input type="checkbox"/> Summer: _____ (Session): _____ | | |
| Operating System: Required | <input type="checkbox"/> Windows XP: <input type="checkbox"/> Macintosh OS X: | NOTE: PC software MUST be Windows XP compliant. Macintosh software MUST be OS 10 compliant. New 16-bit software or classic Macintosh Software will not be purchased or installed. |
| Hardware: Required | Processor: | Disk Space: Memory: |
| Where will the software be used? <input type="checkbox"/> Technology Enhanced Classrooms <input type="checkbox"/> Student Labs | | |
| Does this software need to interact with an UMSL server? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| How many copies of the software will be needed to teach your course? <i>(the most to be used at any one time)</i> _____ | | |
| Other Requirements/Information: | | |

VENDOR INFORMATION

| | | |
|---|---|--------|
| Vendor Name: | | |
| Address: | | |
| Contact Person: | | |
| Phone: | FAX: | Email: |
| Website URL for info/download: | | |
| Cost: Per Copy: _____ | License Term: Perpetual or Subscription (Term: _____) | |
| **Software license must include concurrent usage rights unless an unlimited license is purchased. | | |
| Additional Information: | | |

FACULTY REQUESTOR INFORMATION

| | | |
|--|-------------|-------------------------|
| Name: | | Date of Request: |
| Phone: | Department: | Email: |
| Title of course(s) in which the software will be used: | | Approximate Enrollment: |
| (1) _____ | | _____ |
| (2) _____ | | _____ |

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OTHER INFORMATION

Please describe your experience with this software:

Please provide any other information regarding the functionality of this software and your plan for its use which would assist in the evaluation of this software purchase request:

If this software is purchased, you will be responsible for the training of and support for your students. Please list the procedure that you would like the student lab consultants to follow in order to assist students who have questions regarding the software while in one of the general access computing labs: i.e., "They can call me at xxxx, or they can be referred to xwy documentation", etc.

Would you agree to be a published contact for other faculty who may express interest in this software? Yes No

Comments:

*Please mail this form to:
Faculty Resource Center
CCB 451*

*Please return this form in person to:
Faculty Resource Center
CCB 105*

For Instructional Computing Use Only

Date Received:

Received by:

Test Date:

Tested by:

Approved:

Date Ordered:

Contacted Faculty:

Date installed:

Location:

How to access software:

Special Notes Faculty should know:

Additional comments or notes: *please precede each with date*