## SOFTWARE PURCHASE REQUEST FORM

### SOFTWARE INFORMATION

<table>
<thead>
<tr>
<th>Name of Software:</th>
<th>Software Version:</th>
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</table>

During which semester(s) and year will the software be used?

- [ ] Fall: ____________
- [ ] Spring: ____________
- [ ] Summer: ____________
  (Session): ___________

**Operating System/Environment:**

- [ ] Windows
- [ ] UNIX (Jinx/Admiral)
- [ ] Macintosh OS X:
- [ ] TritonApps

**Important:**

All applications installed and run on the PCs in the labs and classrooms must be software for Windows. Each must be able to run under Windows 7 64-bit either natively (preferred), or using the compatibility mode provided in Windows 7. If the application is not available in a version Windows that can run in this environment, it will not be purchased or supported. All applications requested for the Macintosh platform must be Universal and OSX 10.6 compatible.

Where will the software be used?

- [ ] Instructional Computing Classrooms
- [ ] Instructional Computing Labs

**How many copies of the software are needed?** *(the most to be used at any one time)____________*

Other Requirements/Information:

### VENDOR INFORMATION

<table>
<thead>
<tr>
<th>Vendor Name:</th>
<th>Vendor Address:</th>
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<tr>
<th>Vendor Contact Person:</th>
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<tr>
<th>Vendor Phone:</th>
<th>Vendor Fax:</th>
<th>Vendor Email:</th>
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Vendor Website URL for info/download:

**Software cost per Copy/License:**__________

License Term:

- Perpetual
- Subscription
- Other: _______________

Additional Information:

### FACULTY REQUESTOR INFORMATION

<table>
<thead>
<tr>
<th>Name(First and Last):</th>
<th>Date of Request:</th>
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<table>
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<tr>
<th>Phone:</th>
<th>Department:</th>
<th>Email:</th>
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**Title of course(s) in which the software will be used and the approximate enrollment for each course:**

1. _______________________________________________________________ _____________________________
2. _______________________________________________________________ _____________________________

Enrollment:

Continued on back
**OTHER INFORMATION**

Please describe your experience with this software:

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

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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: e.g., "They can call me at xxxx, or they can be referred to xyz documentation", etc.

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If requesting software be available on TritonApps, please provide any specific use-case information that could be documented to justify additional costs that might be incurred to provide remote access.

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

Comments:

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

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

<table>
<thead>
<tr>
<th>For Instructional Computing Use Only</th>
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<tr>
<td>Date Received:</td>
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<tr>
<td>Approved:</td>
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Special Notes Faculty should know:

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