

# SOFTWARE REQUEST FORM

## KETTERING UNIVERSITY

Faculty Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If more room is needed for any category, please include the # and continue on the bottom or back of this form

|                                                           |                                        |              |
|-----------------------------------------------------------|----------------------------------------|--------------|
| 1. Name of Software:                                      | 2. Version:                            | 3. Quantity: |
| 4. Vendor Address (contact):                              | 5. Vendor Phone:                       |              |
|                                                           | 6. Date needed:                        |              |
| 7. Cost (license, maintenance contract, update schedule): | 8. Location, (Labs, Local or Network): |              |
| 9. Requirements Software/hardware:                        | 10. Operating System/Network:          |              |
| 11. General Description:                                  | 12. Affected Courses:                  |              |
| 13. Unique functionality to be used:                      | 14. Alternative Software:              |              |
| 15. Compatibility Requirements:                           | 16. Standard interface needed:         |              |
| 17. Other:                                                |                                        |              |

### APPROVALS

#### CURRICULUM COMMITTEE VOTE

For: \_\_\_\_\_ Against: \_\_\_\_\_ Abstain: \_\_\_\_\_ Number Present \_\_\_\_\_ Number absent \_\_\_\_\_

#### DEPARTMENT DISCIPLINE VOTE

For: \_\_\_\_\_ Against: \_\_\_\_\_ Abstain: \_\_\_\_\_ Number Present \_\_\_\_\_ Number absent \_\_\_\_\_

### OFFICIAL SIGNATURES

Curriculum Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_