



Date:	Control Number (by IT):
Requester:	Title:
Department:	Email:
Date needed by:	Phone:

Request Type

New Software	Software Upgrade
Additional Computer	Additional Printer
Computer Peripherals and/or Equipment	Other

Request Details (include as much information as possible including the name and version number of software, printer type, or the computer platform)

Description:
Justification :

Please note that the Dean of Faculty signature is only required for faculty requests over \$500

Required	Signature and Date	Comments
Department Head		
Associate VP/Dean of Faculty (for faculty requests over \$500)		

Request Evaluation (to be completed by IT)

Resources Needed and Cost:	
Recommendation:	
Status: Approved Pending Disapproved	Target Completion Date:
IT Authorization:	Date: