



# Academic Software Request Form

**Software must be submitted for installation by August 5 for fall semester and December 5 for spring semester**

Date of Request

Requesting Dept.

Faculty Name

Phone Number

E-mail Address

Course

Required Semesters:       Fall                       Spring                       Summer

## Software

Company/Vendor                       Contact information

Program                       Version

Special notes:  
(installation/  
testing information)

## Attachments

**Software will not be loaded without documentation and media:  
If documentation and media has not been previously submitted, please print this form and return or mail with supporting materials to Kebede Wordofa (Technology Resources, Library Room 311) P.O. Box 4595**

Proof of Purchase                       Number of licenses available to the library

Program media

Download site

Internal use only	
Date Received: _____	Date Software Installed: _____
Received by: _____	PC number(s) : _____
Date approved: _____	Date Image created: _____
Approved by: _____	Image name: _____