

Instructional Software Request Form

Please use one form for each software request

Please complete this form and mail it to CIT

Semester: Fall / Spring 20__ Date Requested:

Applicant's Information Name:	Software Information Company Name: Software Title & Version#:
Department Name:	Vendor Contact Name: Address:
Phone & Extension#:	Phone & Extension#:
Email Address:	URL:

What are the main features of this software?

- 1.
- 2.
- 3.

What course functions do you plan to enhance using this software?

- 1.
- 2.
- 3.

What curricular needs will be addressed using this software?

- 1.
- 2.
- 3.

Department Head Signature: _____ Date _____