



## DOLPHINET SOFTWARE REQUEST FORM FOR COMPUTER LABS

Software Title*:	
Version*:	
Manufacturer:	
Recommended Vendor:	
Approximate Cost:	
Computer Labs Affected*:	
Courses Affected:	
Projected number of simultaneous users*:	
Hardware Requirements (RAM, Diskspace):	
Rationale for selection:	
Requestor(s)*:	
Requesting Department*:	

\* *REQUIRED FIELDS*

**APPROVALS NEED TO BE COMPLETED BY JUNE 16<sup>th</sup> FOR THE FALL SEMESTER  
AND DECEMBER 1<sup>st</sup> FOR THE SPRING SEMESTER.**

SIGNATURES:

DATE:

DEPARTMENT CHAIRPERSON: \_\_\_\_\_

V.P. FOR ACADEMIC AFFAIRS: \_\_\_\_\_

*AFTER APPROVALS, PLEASE SUBMIT TO THE ASSOCIATE DIRECTOR OF COMPUTER SERVICES.*