Information Technology Services: Graduate School - Medicine

Software Request Form

Please Note: Additional or updated software will only be installed during the summer and July breaks. No Software will be installed during session. One software request per form

Software requests close off dates:
November 2011 – for Session 1, 2012 requests
April 2012 – for Session 2, 2012 requests

Requests received after these dates will **NOT** be processed

Please return this form to Building 17 Lev1 Central Labs or Fax 4221 4596

Name: _____ Extension: _____

Faculty/Department: _____ Mobile/Pager: _____

Software required for Subject No: _____ Session No: _____

Subject Co-ordinator _____ Extension: _____

Software Information

Software Name: _____ Version: _____

Custodian of the Software: _____ Extension: _____

Platform: (tick) PC ☐

Which Lab do you require this software to be installed? (Please Tick)

☐	Lab G.01 (25 **PC's**)	

Is the software Windows XP Compatible? (PC Only) Yes ☐ No ☐

Does your faculty have the appropriate number of licenses required to install the above requested software?

Yes ☐ No ☐

Are you familiar with the installation procedure of this product? Yes ☐ No ☐

If **No** please specify alternate contact: _____

I hereby agree that the above software licensing information is correct, and has been verified.

Signed: _____ Date: _____

Office Use Only:

Date form received:		Form received from:	
Software install date:			