

SOFTWARE/APP REQUEST FORM

Name of Requester: _____ Date of Request: _____

School: _____ Submitted to: _____

Software Title: _____ Manufacturer/Publisher: _____ Version Requested: _____

Single Copy; Lab Pack (how many); site license; other: _____

Hardware Required: _____

Device Requirements: _____

Proposed Cost and Funding Source: _____

Proposed Use (Student Instruction; Teacher Productivity; Tool; Other):

Brief Overview of Software: _____

How does this align with the curriculum and enhance instruction?

Department Head/Principal / Approved/Rejected _____ Date: _____

Assistant Superintendent of Curriculum and Instruction / Approved/Rejected _____ Date: _____

Technology Manager / Approved/Rejected _____ Date: _____

Reason for Rejection: _____

cc: Originator, Depart Head/Principal, Assist Superintendent, Technology Manager