

Academic Computing Technology Request

Cascade Campus

Requestor Proposal: (Completed by requestor)

Department/ Division: _____ Request Date: ____/____/____

Requestor name / telephone: ____ - ____ - _____ Alternate Telephone: ____ - ____ - _____

Classrooms affected: _____

Desired implementation term: Fall ____ Winter ____ Spring ____ Summer ____

(Image creation and finalization is normally performed prior to term breaks. Implementation is performed during the breaks.)

Brief description of project or technology update:

Goals of project:

Special installation / configuration instructions: (requestor: list all configuration options other than defaults)

Estimated Financial Impact: (requestor)

Required purchases: _____

Cost of implementation: _____ Source of funding: _____

Proposal reviewed by:

Department faculty chair _____

Division Dean _____

Send to Technology Coordinator (Gary Eaton CA TEB 107) when this page is completed.
Must be received by Aug. 1 for Fall term or 6 weeks prior to start of Winter, Spring, or Summer terms.
Late requests or missing materials may cause postponement until the next term.

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Technology Coordinator: (Completed by Tech. Coordinator)

Estimated Financial Impact:

Additional Cost of implementation: _____ Source of funding: _____
Additional cost details: _____

Workload Impact:

Estimated installation time, in hours: _____ Ongoing support time: _____
Materials must be received by ____/____/____ in order to complete request on time.
Implementation notes / concerns:

Scheduled implementation date: ____/____/____

Implementation reviewed by:
Technology Coordinator _____
Department faculty chair _____
Division Dean _____

Implementation Record

Materials received on _____

Implemented on ____/____/____ by _____ Successful ____ Problems ____ (check one)

Technician notes:

Installation and configuration checked and approved by _____ on ____/____/____
(Requestor) (Date)