

SOFTWARE REQUEST FORM FOR AWC CLASSROOMS, COMPUTER LABS, AND FACULTY OFFICES

Spring Semester 2014

Please submit one form **per software application requested**. E-mail your completed form(s) to the Help Desk: helpdesk@azwestern.edu. **Forms must be received by 5:00 p.m., Tuesday, December 10,** to guarantee software will be installed and available by the start of the summer sessions and fall semester, respectively. Requests made after the deadline will be fulfilled as Help Desk resources are available.

Requestor Information				
First Name	Last Name	Division		Phone Number
Software Application Informati	on			
Software Application Name				
Is this textbook software? Yes	No No	Version:	Platform	:
Are you using the corresponding	textbook to teach you	ur course? Yes	No	
Location Information				
AWC campus/program facility when the second	nere the software is to	o be installed		
Building(s) and classroom number(s) in which the software is to be installed. INDICATE HERE THE OPEN-ACCESS LAB(S) IN WHICH YOU WOULD LIKE THE SOFTWARE INSTALLED.				
Full-time Faculty Members: Do y	ou need the applicati	ion installed on your office	computer? Yes N	lo 🗌
Where is your office located?				
A 1 100 1 1 6 00	Сатри	is	Building	Room Number
Additional Information If applicable, please provide specific software configuration requests required to complete your installation.				
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PLEASE NOTE: Software availability is subject to the terms of the appropriate license agreement(s) and the number of licenses AWC owns.