

MultiUse Lab User's Request Form

Requester's Name: _____

Department: _____ Telephone Number: _____

Date of Request: _____ Date needed: _____

Description of Request: _____

Name of Software: _____ Version: _____

Platform: _____ Software License (Number of Users) _____

Installation Location: Please check locations below:

MultiUse Lab Only _____ MultiUse Lab and Classrooms _____ BA1W _____

BA1NA _____ BA1NB _____ BA2N _____ BA3 _____ BA3W _____

BA4 _____ BA4W _____ BP2 _____ BP6 _____ Red Mountain _____

Program Settings or (Defaults): _____

Menu Description: _____

List As: ACC _____ BPC _____ CIS _____ GBS _____ OAS _____

Password Required: Yes _____ NO _____

Completion Timeline

Projected Date of Completion: _____

If problems are encountered with the installation process:

Extended Date of Completion: _____

Reason for Extended Date: _____

Faculty, if problems are encountered during the testing process, please list and give a detailed explanation of the problem:

Signatures Required: All requests go through the lab management. Please do not assign tasks or give your requests to a technician without filling out the paperwork and returning the completed signed form to the lab management.

Lab Manager

Date

Department Chair

Date