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 perform 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)