



Software License/Installation Approval Form

All departmental software must meet IT approval prior to procurement and installation. This form must be submitted with detailed information regarding the software in question.

Requester Information:

Name: _____

Date: _____

Site Location: _____

Department: _____

Title: _____

Phone: _____

Supervisor: _____

Supervisor Signature: _____

Name of Software: _____

Additional Comments: _____

Number of Software License(s): _____

Department Acct # _____

Price of Software License:

Adobe Acrobat DC Pro \$ 65.00

Total _____

Please send the completed form to helpdesk@cdrewu.edu

Information Systems Department Use only

Installed By:	
Installed On:	
Helpdesk Ticket #:	