

College of Liberal Arts  
**FACULTY/STAFF NON-STANDARD COMPUTER HARDWARE/SOFTWARE  
REQUEST**

Date \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_

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1. List the non-standard hardware or software being requested. Include manufacturer, where appropriate.

**Hardware**

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**Software**

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2. Describe the probable result or outcome of your use of these additional resources and explain how this relates to your job performance for staff members, or professional development (your development as a teacher, and/or your development as a scholar) for faculty members. (Use additional sheets as needed.)

3. What additional training, if any, would be needed on this hardware or software? (Use additional sheets as needed.)

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Signature of Applicant

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Signature of Department Chair

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REQUEST APPROVED

NOT APPROVED

RETURN TO REQUESTER   
FOR CLARIFICATION

(See attached for information needed)

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Signature, CTC Chair

**College of Liberal Arts  
FACULTY/STAFF NON-STANDARD COMPUTER HARDWARE/SOFTWARE REQUEST  
ESTIMATE SHEET**

Name \_\_\_\_\_ Department \_\_\_\_\_

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Fill in as much of the following information as possible; the more that is filled in correctly, the less time it will take to process this request.

**Hardware (If specific hardware is required, please list model name and number, as well as manufacturer.):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL HARDWARE:** \$ \_\_\_\_\_

**Software (List application name and version number, as well as producer.):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL SOFTWARE:** \$ \_\_\_\_\_

**Training (List source of training, time needed to complete training, if on site or at a training facility, etc.):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL TRAINING:** \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant