NORTHEASTERN STATE UNIVERSITY

Information Technology Services
Software Installation Form

Name:	UserID:
Department: Extension:	Ticket #
Software Information	**Installation Information**
Program Title and Description:	Type of Installation: Typical Full Network Custom If Custom (Please Specify):
Install In: If Other labs (Please List): Number of PC's to be installed on:	
Requested Installation Date:	
Purchased software normally is licensed for a limited number of users. Software supplied by textbook publishers is normally available to all users' campus wide. Was this software purchased? If yes, how many users are licensed?	License number (If Any):
The following information can be found in the reference manual accompanying the software. Please complete the following resource requirements. Network Compatible? Windows XP Required? Disk Space Required: Memory Required:	Installation Directions (Special Install): If Specific PC(s) please list:
Please note the inclusion of the following items: Number of install disks: Installation Instructions: Reference manual:	

Your signature below will be used by Information Technology Services as evidence that you take responsibility for the accurate licensing of the software titled on this form. Required signatures must be provided before Information Technology Services can process this form. For assistance, please call the Service Desk at extension 5678 or email help@nsuok.edu.

Date Contact Signature_____ ITS Acct Sponsor Signature_____