

Prince George's Community College Software Request Form

This section to be completed by the person making the request
Please print

Date submitted	Priority (high/med./low)	Date needed by
Last Name	First Name	Middle Initial
Job Title		Department
Building	Room #	Phone Extension
Description of request (Application name)		
Reason for request/Business benefit		
Requestor Signature		Date
Approval section		
Department Manager	Budget Code	Date
Do not write below this line – OFFICE USE ONLY		
Systems Service Manager		Date
Date Ordered	Date Received	Date Installed
Ordered By	Received By	Installed By

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INFORMATION SYSTEMS

SOFTWARE REQUEST FORM

INSTRUCTIONS

Purpose: The purpose of this form is to request software from the Information Systems Department for staff members of the College.

The hiring manager will provide the requested information for the employee. The manager will review the statement regarding use of the College's computing resources. The user and the authorizing manager will sign and date the form.

The employee's department must retain one copy of the form. The original form must be sent to the Information Systems Department, M3007.

INFORMATION SYSTEMS REQUIRES THREE (3) BUSINESS DAYS TO PROCESS THIS FORM

If you have any questions, please contact the Help Desk at 301-322-0637.

**ONCE COMPLETED, RETURN THIS FORM TO
INFORMATION SYSTEMS DEPARTMENT, M-3007**