



Computer Request Form

Please submit via email to acadcomp@radford.edu

Contact Information

Name: _____ Office Phone: _____
Department: _____ User Name: _____

Will this be set up as a replacement, or as an additional computer? Additional Computer Replacement

If this is a replacement, please briefly describe the condition of the current machine, and list any problems it may be having.

Asset # of the computer being replaced: Model of the computer being replaced:

Will data need to be transferred? Yes No

Name of primary user of this computer?

Status? Full-time faculty/staff, 1500 hour, Adjunct, Student Worker, Student Wage, Other

If this machine is for student use, approximately how many students will be using it?

How often is this computer used? Location of equipment?

Please enter a brief description of what this computer will be used for. (i.e. Daily office functions, MS Office, browse the web/research).

List the software needed. (Note that some basic software packages such as MSOffice, Chrome, are already installed).

Approvals:

Print Name and Signature Needed:

Date:

Requestor

Print Name and Signature Needed:

Date:

Chair / Director Approval