ALAMO COLLEGES
SAN ANTONIO COLLEGE

San Antonio College
Office of Technology Services

NEW SOFTWARE NEEDS JUSTIFICATION FORM

Please contact the College Helpdesk (210-486-0777) for assistance in filling out this form.
Please fill out one form per request and email it to sac-software@alamo.edu or fax attention software to 210-486-9002.

First Name

Last Name

Department Chair or Director

Signature

Department

( )

Phone

Email

@alamo.edu

( )

Requestor Phone

Requestor Email Address

I have reviewed the list of current available software at San Antonio College ☐ YES ☐ NO

SOFTWARE INFORMATION

Software Title and Version

Vendor Name/Author

Operating System
☐ Windows
☐ Macintosh
☐ Linux Workstation
☐ Other System   Specify: _____

Installation Type (If Known)
☐ Client/Server   ☐ Server
☐ Cloud   ☐ Web Application
☐ Desktop Client
☐ Mobile Client

Software Description (What does the software do?)

Is the software web based? ☐ YES ☐ NO If yes, what browser will the software need? _____
Is the software ☐ Networked   ☐ Stand Alone
Justification:
(What project, Class will this be software used for? Will the use of the software improve instruction or office efficiency? Expected Benefits):

Estimation of number of users that will use this software: _____ Number of Licenses needed: _____

Estimated Cost: $ _____

Is a trial version available? ☐ YES ☐ NO   Have you tried the trial version? ☐ YES ☐ NO

Is this request tied to a grant? ☐ YES ☐ NO   If Yes, Specify, name of the grant: _____

Who will the software be used by? (Faculty, Staff,Student) _____

If the software is not supported by the Office of Technology Services, does your department have specific personnel to support the implementation of this software: ☐   YES   ☐   NO

Describe any similar software available at San Antonio College and how this one differs?

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Will the software purchase require the following additional infrastructure?
☐ Additional Network Lines   ☐ Additional Electrical Needs   ☐ Additional Server   ☐ Installation of Equipment
If yes to the above, please explain:

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☐ By checking this box, I agree that I have received my supervisor's permission to submit this request.

Client Signature: _____   Date:_____(Required)

TO BE COMPLETED BY OTS SOFTWARE COORDINATOR

☐ The current system will run this software with no additional services from OTS. The request is approved and was evaluated on _____ (date).

☐ System upgrades will need to occur prior to the installation of this product. Pending upgrades, the request is approved.

☐ The current IT infrastructure will not currently run this software. The request is not approved.

Additional Comments:

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☐   Committee Approved   ☐   Committee Disapproved

Software Committee Member Signature:_____   Date:_____(Required)

OTS Software Coordinator Signature:_____   Date:_____(Required)