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