



TRINIDAD STATE JUNIOR COLLEGE  
Software Request Form

Semester Year: \_\_\_\_\_

Semester the Software is being requested for: \_\_\_\_\_

**NOTE: Desired lab preferences are subject to change based on the software manufacturer's recommended hardware.**

Department: _____  Instructor: _____	Division Chair: _____ Signature _____  Dean: _____ Signature _____
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Course Information			Software Information			Campus Information	
Number	Title	Enrollment	Manufacturer	Title	Version	Campus	Room No.

To ensure that software is received tested and installed into the desired lab with enough time for your classes, please have this form returned to IT on or before the deadline posted with this form.