

Request for Software Installation

Date: _____

Classroom: _____

Class Date: _____

Software: _____

Original Software copy must be provided by the professor for iTAC installation and backup.

Name: _____

Phone: _____

E-mail: _____

Dept: _____

Note: Installation requests must be received by December 1 for the Spring Semester and July 1 for the Fall Semester. Requests received after the deadline will not be completed for the coming term.

For further information contact Ernie Perez 532-3190 or email ern@ksu.edu