



Name: _____ Department: _____ Date of Request: _____

When would you like to start using the technology: Fall 20__ Spr 20__ Sum 20__

Type and Quantity: Web Application ____ Desktop Application ____ Site License ____
 LMS Integration ____ Other (Describe) _____

Vendor: Name _____ Email _____

Phone _____ Website _____

Brief Description of Software/Technology:

NEEDS ASSESSMENT

How does this software/technology support Great Falls College's mission, goals, and/or strategic initiatives?

How will this software/technology improve student learning?

How will you assess that this tool has impacted student learning?



BUDGET APPROVAL

Have you secured funding/budget approval for this software/technology? Yes No

Funding/budget approval is necessary to move this proposal forward. Briefly describe how the instructional software/technology will be funded (e.g., secured grant money, department budget).

Department Chair/Program Director Approval: _____ **Date:** _____

Division Director Approval: _____ **Date:** _____



INFORMATION TECHNOLOGY USE ONLY

Location(s) to be Installed: _____

Does the software require administrative privileges? _____

Identify any continuing costs (replacement cost, maintenance, etc.)

of licenses needed: _____

License options available:

Single \$ _____ Lab Pack (Qty.: ____) \$ _____ Site (Qty: ____) \$ _____

Type of License:

New to campus Upgrade of an existing license Additional licenses of existing software

IT Comments / Notes:

IT Approval: _____ **Date:** _____



eLEARNING COMMITTEE USE ONLY

What training is needed to effectively implement this software/technology?

When and how will training be accomplished?

Is training available from the vendor? Yes No Associated cost?

ADA Compliant: Yes No

Comments/Recommendations

Student Privacy/FERPA Compliant: Yes No

Comments/Recommendations

Comments/Notes:

eLearning Committee Approval: _____ **Date:** _____
