

# Instructional Software Installation Form

Title of Software: \_\_\_\_\_

Publisher: \_\_\_\_\_

Description of Software:

Class Name: \_\_\_\_\_

Section Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*\*\* Please send the software and this form to Technology Services.\*\*\*\*