

# METROCENTER

## Computer Lab Request Form

*Please Print Clearly*

Semester: \_\_\_\_\_ Course Number/Section: \_\_\_\_\_  
 Name: \_\_\_\_\_ Home/Cell Ph. Number: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Department Name: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

### Computer Lab Request (other than for those courses regularly scheduled in lab)

Day	Date	# of Students	Start Time	End Time

<b>Check software required:</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
MS Office 2007	<input type="checkbox"/>	Minitab	<input type="checkbox"/>
Windows XP Pro	<input type="checkbox"/>	<i>Other (specify):</i>	<input type="checkbox"/>
Internet Explorer	<input type="checkbox"/>		<input type="checkbox"/>
Dreamweaver	<input type="checkbox"/>		<input type="checkbox"/>
SPSS	<input type="checkbox"/>		<input type="checkbox"/>

### Software Policy

Software titles not site licensed with The College at Brockport must be ordered through the METROCENTER. All licenses, excluding The College at Brockport site licenses, used at the METROCENTER **MUST** be kept on file at the METROCENTER.

To insure licensing compliance, The College at Brockport licensed software may only be loaded on The College at Brockport's owned equipment.

**Faculty Signature:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

#### OFFICE USE ONLY

**Request received by:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Room assigned by:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Confirmation to faculty/staff by:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ via \_\_\_\_\_.

**Room number:** \_\_\_\_\_

Complete reverse side **only** if requesting software that the MetroCenter does not currently own or have installed.

