

Attachment A:

MOBILE COMPUTING DEVICE REQUEST

This Form is intended to aid in Assessing Mobile Computing Device Requirements

Date: _____ Campus/Location: _____

Department: _____ Contact: _____

Account Number: _____ Contact Telephone: _____

Type of Device being requested: (check one)

Laptop: _____ Tablet: _____ Printer: _____ Monitor: _____ Scanner: _____

Brand of Device: _____ Size: _____

<p>Describe how Laptop will normally be used: (List required application software)</p>

List additional hardware required:

_____ Monitor _____ Docking Station Other: _____
_____ Keyboard _____ Extra Batteries

Will the Laptop contain student data? (Yes/No) _____

Approximate number of hour per week unit will be utilized: _____

Will this request replace an existing device: (Yes/No) _____

Prepared By: _____ Date: _____

Dept. Head/Director: _____ Date: _____

Additional Approval: _____ Date: _____

Info Sys Representative: _____ Date: _____