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)


Brand of Device:_____________________________  Size:______________________

Describe how Laptop will normally be used: (List required application software)

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: ______________