Computer Request Form
Please submit via email to acadcomp@radford.edu

Contact Information

Name: ____________________________ Office Phone: ____________________________

Department: ____________________________ User Name: ____________________________

Will this be set up as a replacement, or as an additional computer? □ Additional Computer □ Replacement

If this is a replacement, please briefly describe the condition of the current machine, and list any problems it may be having.

Asset # of the computer being replaced: __________ Model of the computer being replaced: __________

Will data need to be transferred? □ Yes □ No

Name of primary user of this computer? ____________________________

Status? Full-time faculty/staff, 1500 hour, Adjunct, Student Worker, Student Wage, Other ____________________________

If this machine is for student use, approximately how many students will be using it? ____________________________

How often is this computer used? ____________________________ Location of equipment? ____________________________

Please enter a brief description of what this computer will be used for. (i.e. Daily office functions, MS Office, browse the web/research).

List the software needed. (Note that some basic software packages such as MS Office, Chrome, are already installed).

□ □

Approvals:

Print Name and Signature Needed:

Date: ____________________________

Requestor

Print Name and Signature Needed:

Date: ____________________________

Chair / Director Approval