Request to install non-supported software on a University-owned device

SOFTWARE INFORMATION

Name of software product _____

Name of vendor _____

REQUESTOR'S INFORMATION

Name _____

Department _____

Supervisor's name _____

Requestor's E-mail address _____

Requestor's phone number or extension _____

Date the software is needed _____

Reason the software is needed

_____

_____

_____

_____

Requestor's signature _____ Date _____

Supervisor's signature _____ Date _____

UCT PRODUCT EVALUATION *(To be completed by UCT)*

Authorized UCT representative's name _____

Date research completed _____

Hardware requirements _____

Operating system _____

Does the software require:

- Central server resources? _____
- An externally addressable IP address? _____
- Any firewall ports to be opened? _____
- Any unusual configuration settings? _____
- Any other software? _____

Authorized UCT representative's assessment

_____

_____

_____

_____

Authorized UCT representative's signature _____ Date _____

INFORMATION SECURITY OFFICE ASSESSMENT

Information Security Officer's Name _____

ISO's Security Assessment

_____

_____

_____

_____

Information Security Officer's signature _____ Date _____