Please fill in this form and return it to the SLS Project Manager.

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| **NAME - REQUESTOR 1** |  |
| **NAME - REQUESTOR 2** |  |
| **DATE OF REQUEST** |  |

**SECTION 1 – SOFTWARE DESCRIPTION**

Enter the name and description of the requested software.

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Provide a reason for the request.

(For example, existing software at the SLS does not provide the functionality offered by the requested software).

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Have you used this software before? How long for? Any known problems?

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**SECTION 2 – SOURCE OF SOFTWARE**

Provide a web address from where the software/documentation/installation instructions can be downloaded.

(NB: This must be the web address of the Company or Institution that provides the software).

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**SECTION 3 – MISCELLANEOUS**

Provide any relevant information not previously covered.

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**SLS ADMINISTRATION USE ONLY**

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| --- | --- |
| **DATE RECEIVED** |  |
| **LOG NUMBER ALLOCATED** |  |
| **ACCEPTED/REJECTED** |  |
| **ACCEPTED/REJECTED BY** |  |
| **DATE ACCEPTED/REJECTED** |  |
| **COMMENTS** |  |