

Request for Administrative Application

Name	Department	Campus P.O.	Telephone
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Category of Use:

Administrative

Public Service

Research

Instruction

Are you, or your supervisor, receiving payment for this project? Yes No

If yes, arrange an interview with the Director of Client Support Services for the purpose of negotiating a contract for computer time.

Give a precise description of your project.

Date project needs to be completed: _____

Frequency of use: _____ (One-time only: _____)

Data Privileges: (Permission to use another department's files must be designated by the appropriate signature below)

File Name _____ Read Only _____ Update _____

Signature _____ Phone _____ Date _____

As the applicant, I have read and agree to the "Code for Computer Resource Use" (see this document at

<http://www.etsu.edu/oit/ppp/policies/ethics.asp>).

I understand that I must personally review and accept the results of this request before it will be placed in production.

Applicant Signature _____ Date _____

ETSU Account Number	Budget Administrator's Signature	Date
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For Office use only: Application Number: _____ Application Date: _____

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Application Number _____

This request is assigned to _____ as project leader.
 You will be responsible for the design and accuracy of the results of this request.

Date _____

ASSIGNMENTS

Program Number	Programmer Assigned	Date Assigned	Date Completed	Programmer Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have reviewed the results of this request and the documentation for it. I recommend it be presented to the user for approval.

Project Leader Signature _____

Date _____

USERS REVIEW AND ACCEPTANCE

I have reviewed the test results of this request and acknowledge receipt of necessary documentation. I accept the results and request this application be placed in production.

Applicant Signature _____

Date _____

COMPUTER OPERATIONS ACCEPTANCE

I have reviewed and accepted the operations documentation for this request. It meets or exceeds the requirements specified for computer operations.

Operations Signature _____

Date _____

REVIEWED BY INFORMATION SYSTEMS MANAGER

Manager Signature _____

Date _____