

**Please select Level from the choices below**

|  |
| --- |
| **L1**  Superintendent/President or Vice President |
| **L2**  Dean |
| **L3**  Director |
| **L4a**  Non-Instructional Unit/Academic Program  **L4b**  Supervisor/Unit Lead |

TECHNOLOGY ADDENDUM FOR ANNUAL PROGRAM REVIEW SNAPSHOT (8/13/13)

*(For each Technology line item requested this form should accompany the Program Review Snapshot.)*

(Plan, Implement & Evaluate)

**ADDENDUM #:**

*(Please insert Addendum number that corresponds to line item under the Technology Resources Section of the Program Review Snapshot)*

Per the PR Snapshot line item, list software, equipment and/or equipment repair needed:   
  
This request is for:  Academic Use (e.g., lecture or lab classroom/instructional computer labs/faculty offices, student services)

Non-Academic Use (e.g., student services (non-faculty), administrative offices/classified professionals’ use)

Check one:

Level 1: Without this purchase the program/service cannot be offered or will be out of compliance with a regulatory body. If this request is required by law, regulation, program accreditation or certification requirement, a one-page copy with the mandate highlighted must be attached.

Level 2: Without this purchase, the quality of the program/service will be impaired.

Level 3: Without this purchase, the number of students that can be accommodated in this program/service may be reduced.

Level 4: This purchase is for program/service improvement.

Explain with specific details the level of impact you selected:

Date technology is needed:

The technology equipment or software is for:  New Program/Service/Project  Improvement of Program/Service  Growth of Program/Service

Explain:

This request is for:  Instructional Classroom  Instructional/ITC Lab  Faculty Office

Administrative Office  Student Services  Other:

The equipment/software will be located in Room #:

* Explain why the current equipment/software does not meet current needs.
* Specify whether all components needing upgrading or only certain ones, e.g., new monitors only; memory upgrade.
* Explain the function and general use that this equipment/software serves.
* If applicable, list the Asset Tag information/SC# of the equipment needing upgrade (attach a separate sheet if necessary).

Is there adequate technical support staff to support this request?  Yes  No\*

\*If no, please include this staffing requirement when completing the Program Review Snapshot.

Is there adequate Staff Development/Training to support this request?  Yes  No\*

\*If no, please include this training requirement when completing the Program Review Snapshot.

Additional information (optional):

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:       Dept/Unit: