

**Please select Level from the choices below**

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| --- |
| **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: