

**ONslow COUNTY SCHOOLS  
APPLICATION FOR NON-APPROVED SOFTWARE**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of software: \_\_\_\_\_

Who owns or will purchase the software? \_\_\_\_\_

How many licenses have been purchased for this software? \_\_\_\_\_

Where should the software be installed?

Room Number	Computer fixed asset number(s)

Please explain the instructional need for this software:


Please explain your implementation goals for this software, including dates.


The following information for the software will assist us in processing your application:

Software website address	
Technical contact information	
Sales contact information	

**Please attach the software and license (if already purchased) and the technical manual to this application.**

**SEND TO RHONDA THOMAS – IT DEPARTMENT (ETSC)**

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

\_\_\_\_\_  
Administrator's Signature Date

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Division of Instructional Technology Use Only

Approved:  \_\_\_\_\_  
IT Director or Designee

Approved:  \_\_\_\_\_  
Instructional Technology Director or Designee

Not Approved:  \_\_\_\_\_  
Instructional Technology Director or IT Director or Designee

Reason: \_\_\_\_\_

Estimated time for software installment: \_\_\_\_\_