

Academic Software Assessment Form

V.1 - August 24

Please fill this form and send it to ctl@uregina.ca	Date:			
If you need more space for your responses, please us	se the last page.	(Fillable Form)		
Requester information				
Full Name:				
Faculty/ Dept:	Role:			
Email:	Phone#:			
Software information				
Name of Software:				
Vendor/Company:				
Website:				
Cost of software (if known):				
Licence type (if known):				
Rationale for Request				
How do you expect to integrate this software into you If possible, please provide specific examples or scen				
In what ways might this software enhance your teach	ning, training, or research activities?			
How might this software enhance the learning experi	ence of students?			



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Usage, Scope, and Benefit				
	e currently in use within your faculescribe its current usage and the			
Have other fac If yes, please p		ressed interest or need for this softwa	re?	
	e beneficial to the entire university pecific, please describe the scope	y community or is it specific to certain e.	disciplines?	
Signatures				
Requestor	Name	Signature	Date	
	R	eviewer Note:		

- 1- Please sent the completed form to the Centre for Teaching and Learning at: ctl@uregina.ca
- 2- Please use the next page if you need more space for your responses.



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If there is any additional pertinent information, please provide us with it below.		