

**University Curriculum Course Review
Technology Resources Impact Form
Office for Technology Services**

Course # _____ Proposed by: _____ Date: _____

Contact Information: Email _____ Phone: _____ Fax: _____

Please print clearly and include a clear fax number to receive a reply!

To be taught (*check all that apply*) Fall Spring Summer

Instructions: Proposers should complete this form and submit it with proposals for all new courses, major revisions of courses, and another other course/program changes for which technology uses will change in some way. Please check if your course/program will use the following technology resources:

Blackboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Video Conferencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Specialized Servers	School Provided	OTS Provided	None
Unix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Software/Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list _____

If yes, please explain any specialized disk storage needs: _____

Will students be expected to buy software? Yes No

Any additional equipment or software needed in the classroom?

(List) _____ Yes No

Will OTS computer labs be needed? Yes No

If yes, will labs need special software? Yes No

Will there be high-volume data transfers? Yes No

Does the instructor have a backup plan in the event that the technology resources are temporarily unavailable?

_____ Yes No

Anticipated staff resources needed:

AT-provided: _____

School-provided: _____

Approved

Not Approved because _____

Recommendation: _____

Director, OTS/Student, Faculty & Staff Services

Date