



## Technology Evaluation Form

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Requestor:   | Dept.:                       | Date:                       |
| Name of Technology / Software:   |                              |                             |
| Publisher/Manufacturer:  |                              |                             |
| Company Contact Information:   |                              |                             |
| Company Web Site:  |                              |                             |
| Purpose of Technology / Software:  |                              |                             |
| Goodwin Users:   |                              |                             |
| Version:   | Operating System:            |                             |
| Is this a web based solution?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If not web based list or attach hardware and other requirements:         |                              |                             |
| Initial Cost:  |                              |                             |
| Will there be a license or maintenance agreement that must be renewed?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Renewal Date:  | Cost:                        |                             |
| List other costs associated with this technology such as training, etc.: |                              |                             |
| Does Goodwin already own technology that will serve this purpose?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If so, what is it, and why is additional technology necessary?           |                              |                             |

## Technology Evaluation Form

|  |
|--|
| Can this technology be used by others at Goodwin? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain:  |
| List competitors' technology and cost:<br>1.<br>2.<br>3.   |
| IT Comments:   |
| IT Department Signature:   |
| Can this technology be paid for with a grant? <input type="checkbox"/> YES <input type="checkbox"/> NO     |
| Grant Department Signature:  |
| Address concerns raised during 14-day comment period:  |
| Department Chair/Program Director Signature:   |

# SAMPLE

## Technology Evaluation Form

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Requestor:   | Dept.:                       | Date:                       |
| Name of Technology / Software:   |                              |                             |
| Publisher/Manufacturer:  |                              |                             |
| Company Contact Information:   |                              |                             |
| Company Web Site:  |                              |                             |
| Purpose of Technology / Software:  |                              |                             |
| Goodwin Users:   |                              |                             |
| Version:   | Operating System:            |                             |
| Is this a web based solution?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If not web based list or attach hardware and other requirements:         |                              |                             |
| Initial Cost:  |                              |                             |
| Will there be a license or maintenance agreement that must be renewed?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Renewal Date:  | Cost:                        |                             |
| List other costs associated with this technology such as training, etc.: |                              |                             |
| Does Goodwin already own technology that will serve this purpose?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If so, what is it, and why is additional technology necessary?           |                              |                             |

# SAMPLE

## Technology Evaluation Form

|  |
|--|
| Can this technology be used by others at Goodwin? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain:  |
| List competitors' technology and cost:<br>1.<br>2.<br>3.   |
| IT Comments:   |
| IT Department Signature:   |
| Can this technology be paid for with a grant? <input type="checkbox"/> YES <input type="checkbox"/> NO     |
| Grant Department Signature:  |
| Address concerns raised during 14-day comment period:  |
| Department Chair/Program Director Signature:   |