Student Technology Fee Checklist Form FY 23-24

Principal Implementer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# I.GENERAL INFORMATION

Will this project be fully implemented prior to the end of the fall semester? Yes No

Is this proposal congruent with the department and college IT plan? Yes No

Is this proposal congruent with LSU Strategic Plan 2025? Yes No

[Link to LSU Strategic Plan 2025](https://www.lsu.edu/strategicplan/files/lsu_strategicplan_2025.pdf)

II. FUNDING REQUEST

## Life cycle funding:

Since the STF Committee cannot guarantee life cycle funding, will the

department/college/unit replace the equipment acquired with these STF funds? Yes No

## Matching funds:

Are matching funds included as part of this proposal? Yes No

If yes, list the match amount(s) and the source(s) of the match funds:

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# III. LOGISTICS

1. Will computer hardware and/or software be acquired? Yes No
   1. If yes to answer 1, have you consulted with Information Technology Services Yes No

and completed an [IT100](https://itservice.lsu.edu/TDClient/30/Portal/Requests/ServiceDet?ID=54)). The software must be accessible or a VPAT is required.

1. Will any other instructional technology be acquired? Yes No
   1. If yes to answer 2, have you consulted with the Faculty Technology Center? Yes No

(Greg Brignac; 578-0471 or gbrigna@lsu.edu)

1. Will any physical renovations be required? Yes No
   1. If yes to answer 3, have you consulted with Facility Services? Yes No

(ofsequipapprove@lsu.edu)

1. Will the department/college/unit provide adequate security for the equipment? Yes No
2. Will the department/college/unit maintain the equipment over its useful life? Yes No
3. Is the room(s) utilized by this project under the full/direct control of your Yes No

department/college/unit?

(If you are unsure, contact Brian Antie: 578-3561 or bantie@lsu.edu)

If yes to answer 6**,** will non-depart. sections be allowed to use this room/equipment? Yes No

Please list the building and room number(s) that will be involved in this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# IV. IMPACT

During a normal academic year (fall, spring, summer and intersession), this project will directly benefit the following number of students: (Please note the course # and number of sections available also. An example is shown below.)

| COURSE NUMBER | FALL - #SECTIONS/  TOTAL # STUDENTS | SPRING - #SECTIONS/  TOTAL # STUDENTS | SUMMER - #SECTIONS/  TOTAL # STUDENTS | INTERSESSION - #SECTIONS/  TOTAL # STUDENTS |
| --- | --- | --- | --- | --- |
| MC 2000 | 5 / 1500 | 5 / 1500 | 2 / 500 | None |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |