Database Acquisition Form

Lead faculty member: ____________________  E-mail: ____________________

Database: ____________________  Total Cost: $ ___________  Annual Subscription: Y__  N__

Intended users (please list all departments and estimated number of faculty/students)

Expected usage time frame:

Intended results: (including interdisciplinary collaboration, journal publications, and industry partners)

Proposed departmental contributions: (please list all departments who will contribute)

*The Dean’s Office typically contributes 1/3 of the total cost.

Vendor contact information: (please include representative’s name, phone and e-mail)

If needed, please attach additional pages/information to justify the acquisition of the database(s).