**Student Technology Fee Checklist Form FY 25-26**

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

# I. GENERAL INFORMATION

Have you been awarded a STF Discipline Specific project award previously? Yes No

 If so, did you complete the project and required report in a timely fashion? Yes No

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? Yes No

[Link to LSU Strategic Plan](https://lsu.edu/strategic-framework/index.php)

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 or networking hardware and/or software be acquired? Yes No
	1. If yes to answer 1, have you sent an email explaining your IT Yes No

component to ITS-STF-requests@lsu.edu?

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](gbrigna%40lsu.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](ofsequipapprove%40lsu.edu))

1. Will the department/college/unit provide adequate security

for the equipment? Yes No

1. Will the department/college/unit maintain the equipment

over its useful life? Yes No

1. Is the room(s) utilized by this project under the full/direct

control of your department/college/unit? Yes No

 (If you are unsure, contact Brian Antie: 578-3561 or [bantie@lsu.edu](bantie%40lsu.edu))

If yes to answer 6**,** will non-depart. sections be allowed to use this

room/equipment? Yes No

1. 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:

(An example is shown below. Please update the course # and number of sections available.)

| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
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