Canvas LTI Application **installation Request form**

Date: _____

Requestor
Name: _____
Email: _____
Department/Discipline/Course/Area requesting application installation:

_____

District Application contact person: _____
Application Tech support person: _____
Application Training contact: _____
Cost: $_____
App creator: _____
Name of application to be installed: _____
Installation support contact: _____

All tech support for this application will be directed to the person above.
All training requests will be directed to the person above.
Cost of the application will be paid by the person/department above.

Note/Disclaimer: The Distance Learning department is not responsible for maintenance, functionality, training, or support of the requested application, that will be the responsibility of the those listed in this form.