



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

TTUHSC Information Technology
3rd Party Application Assessment

Please fill out this document and email it to elp.helpdesk@ttuhsc.edu

1. **Name:** What is the name of the 3rd party application you are requesting be installed on a TTUHSC computer? If this application is to be downloaded from the Internet, please provide the link to that website.
2. **Need:** What is the need this application will address?
3. **Information and Data:** Describe what information/data will be accessed, modified or managed with this application. Will this application store or capture sensitive information such as credit card number, SSN, name, date of birth, medical record or health care insurance information?
4. **Network Connectivity:** Will this application require Internet or outside network access? Does a certain port or ports have to be available for communication outside of the TTUHSC network? If so what port(s) are required? Examples dropbox.com, sugarsync.com and remote diagnostics services
5. **Administrator Rights:** Does this application require administrative rights or modified permissions to run? Please contact your software vendor for the exact details of what requires these rights if needed.
6. If you noted 'Yes' to this question, please provide:
 - A. The software vendor website:
 - B. The software vendor phone contact information:

7. **Licensing:** Has your department purchased this application and you can account for the licensing required for IT to install this application? Is this application freeware? If it is freeware please verify and provide the documentation that the freeware can be installed in an Enterprise environment and is **not** for home and personal use only.

8. **Copyrights:** Does the use of this application put TTUHSC in possible copyright infringements? Does this application use material such as video created by non-TTUHSC individuals or parties and allow you to modify them?

9. **Systems:** What systems (computers) will this application be installed on?

10. **Deadline:** Does your application have a deadline? Please allow I.T. 2 weeks from the day this form is submitted to the El Paso Helpdesk to assess and verify all the information you have provided.

11. **Flexibility:** How flexible is the deadline for your application? If your project is on a short time frame and the El Paso I.T. department receives your request too close to the deadline it could mean your request will either miss the deadline or negatively affect several other pending requests. If your deadline is inflexible or you require the application installation to be completed in less than 2 weeks please explain why your request should be given priority.

Requestor Information:

Name:

Name of Supervisor Authorizing Installation:

Department:

Phone Number:

E-mail address: