

ITS Software & Licensing

SPSS Statistical Software Order Form

License User Contact Information

Please provide the contact information for the intended or current software license holder. If the billing contact information is different, please also fill out the billing contact information further below. Click the following links for [faculty/researchers](#) or [student](#) pricing.

Name: *

First Last

USC ID#: *

USC e-mail: *

Phone Number: *
____ - ____ - ____

Dept/School: *

Campus: USC-UPC USC-HSC Other: _____

Address: *

Street Address

Address Line 2

City State/Province/Region

Postal/Zip Code Country

Mail Code:
Faculty and Researchers only

Room #:
Faculty and Researchers only

* Required Field

** You may send us a copy of the completed Internal Requisition form. Please send it as an attachment along with this Order Form.

ITS Software & Licensing

SPSS Statistical Software Order Form

License Information

Select your license type.

- Statistical Software: * IBM SPSS Statistics Premium 29 – Faculty/Researchers/Student
 IBM SPSS AMOS 29 – Faculty/Researchers/Student
 IBM SPSS Statistics Premium 28 – Faculty/Researchers/Student
 IBM SPSS AMOS 28 – Faculty/Researchers/Student
 Other: _____

Platform: * Windows Mac OS X Unix/Linux

Reason for order: * New software purchase
 License Renewal

Is this a lab license? * Yes No

Faculty and Researchers only

If yes:

Lab name: _____

Lab location: _____

of licenses required: * _____

Payment Information

Please provide us with information about how you'd like to remit payment.

Select payment method: *

Check: _____
Check number

Internal Service Delivery: ** _____
Faculty and Researchers only Internal Service Delivery number

Special Instructions: _____

Researchers- Enter IBM SPSS Statistics Premium or IBM SPSS AMOS serial number here

* Required Field

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SPSS Statistical Software Order Form

Billing Information

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First Last

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USC e-mail: * _____

Phone Number: * ____ - ____ - ____

Dept/School: * _____

Campus: USC-UPC USC-HSC Other: _____

Address: * _____
Street Address

_____ Address Line 2

_____ City State/Province/Region

_____ Postal/Zip Code Country

Mail Code: _____
Faculty and Researchers only

Room #: _____
Faculty and Researchers only

* Required Field

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