



IT DEPARTMENT
 IIUM KUANTAN CAMPUS
 JALAN SULTAN AHMAD SHAH
 BANDAR INDERA MAHKOTA
 25200 KUANTAN, PAHANG
 TEL: 09-570 4444 FAX : 09-571 6774

Network Request Form

Report No. :

STAFF INFORMATION

Full Name		Designation	
		Staff No.	Ext.
Kulliyah		Mobile No.	
Dept./Unit		Email	
Room No.		Date	
Face-Plate No.			

TYPE OF SERVICES

New Network for Computer/Notebook
 New Network for Printer
 New Network for Server
 New Cabling (*layout plan is required*)
 Move to new location

Old Face-Plate No: _____ Old Room No : _____

Other, (please specify) : _____

Reason for applying :

RECOMMENDATION APPROVAL BY DEPUTY DIRECTOR/HOD ITD

<p><small>(To be filled by the AD/ICT Coordinator/HOD of Division/Department/Unit and attach additional documents if necessary)</small></p> <p> <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended </p> <p>Signature : _____</p>	<p> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </p> <p>Signature : _____</p>
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FOR IT DEPARTMENT USE ONLY

<p>Action taken by : _____</p> <p>Completed Date : _____</p>	<p>Position : _____</p> <p>Remarks : _____</p>
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ACKNOWLEDGEMENT BY USER

I have received the service as per requested :

Date : _____ Signature/Stamp : _____