

UNIVERSITY FOR DEVELOPMENT STUDIES

DIRECTORATE OF ICT ICT SERVICE REQUEST FORM

Section A: Applicant Information

1. Name: _____ Category of Applicant: Staff Student
2. Staff/Student ID: _____ Designation (Staff Only): _____
3. Faculty/School/Directorate/Institute/Centre: _____
4. Phone Number: _____ Email Address: _____

Section B: Service Requested

(Please select the service required by ticking the appropriate box)

1. Account Services: Email Account Setup/Recovery UCM Account Setup/Recovery Update Personal Information
2. Network/Connectivity Issues: Wi-Fi Access Issues LAN Connectivity Issues
3. Hardware Support: Laptop/Desktop Repairs Printer/Scanner Setup
4. Software Support: Software Installation Troubleshooting Applications
5. Other Services (Please specify): _____

Signature of Applicant: _____ Date: _____

HoD's Approval: _____ Date: _____

For Administrative Use Only

Section C: Approval for Processing (*To be completed by the Director or delegated authority*)

Approval by Director: Approved / Not Approved

Remarks: _____

Signature: _____ Date: _____

Section D: Technical Recommendation (If applicable): *To be completed by HOD*

Technical Assessment Remarks: _____

Completion Date: _____ Signature: _____

Section E: Department Processing Request

Handled By (HOD): _____ Remarks/Actions Taken: _____

Completion Date: _____ Signature: _____