



**University Computer Services Center
SERVICE REQUEST FORM**

Control No: _____

SERVICE REQUEST:	Date Submitted: _____
<input type="checkbox"/> Internet Access <input type="checkbox"/> MIS (Novell) Access – Login Name: _____ <input type="checkbox"/> Module/Program Access Program Name: _____ <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Computer Specs. (indicate nature of use of PC/Equipment in the Remarks) <input type="checkbox"/> Computer/Equipment Repair (indicate below the nature of trouble) <input type="checkbox"/> Others. Please specify at remarks.	
Remarks	
_____ _____ _____	

REQUESTED BY	NOTED BY
_____ Signature over Printed Name & Date <i>Unit / Dept. / College</i>	_____ Unit Head / Dept. Head / Dean Signature over Printed Name & Date
For UCSC use only: Date/Time Received: _____ Date/Time Logged: _____	
Approved for Activation/Repair	UCSC Personnel
_____ UCSC Director	_____ By / Date
Technical Remarks	
Diagnoses: _____ _____ Action taken: _____ _____ <div style="text-align: right;">Specs. #: _____</div>	

ACKNOWLEDGEMENT	
<i>This is to acknowledge that the above service request had been addressed satisfactorily by the UCSC.</i>	
_____ Printed Name	_____ Signature & Date



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