

CASCADING COMPUTER REQUEST

DATE: _____

NAME: _____

OFFICE LOCATION: _____

PHONE NUMBER: _____

*SUPERVISOR: _____

JOB CLASSIFICATION: _____
(FACULTY, STAFF)

CONTACT PERSON: _____
(ADMINISTRATIVE ASSISTANT, ETC.)

COMPUTER APPLICATIONS NEEDED:

*For faculty, division chairs should sign.
For staff, please have appropriate dean,
director, etc. sign.

Network cards and any hardware upgrades such
as memory, hard drives, etc. are the
financial responsibility of the department
receiving the computer. MIS will notify,
deliver, and setup assigned computer.

RETURN TO SUSAN MARSHALL, MIS DEPARTMENT.