



الجامعة الإلكترونية
ووزارة التعليم العالي
بجامعة حائل

University of Hail

System and Operational Support

Service Request Form

رقم الطلب
Req. #
تاريخ الطلب
Date:

الاسم
Name: القسم
Department:
هاتف المكتب
Office Tel. #: Emp. ID. #: جوال
Mobile #:

Requester's Requirement

احتياجات مقدم الطلب

- | | |
|--|--|
| <input type="checkbox"/> Request of change of users Display name in PC | <input type="checkbox"/> Request of creation of Portal Account |
| <input type="checkbox"/> Request of Change of user Password / forgot Password | <input type="checkbox"/> Request of change of users Display name in Portal |
| <input type="checkbox"/> Request of Course folder creation | <input type="checkbox"/> Request of login problem in Portal System |
| <input type="checkbox"/> Request of Department Shared folder creation | <input type="checkbox"/> Request for creation of student and teacher accounts in Unix Lab Server |
| <input type="checkbox"/> Request of Increasing of Quota in Course shared folder | <input type="checkbox"/> Request for login problem in Banner System |
| <input type="checkbox"/> Request of Increasing of Quota in Department Shared Folder | <input type="checkbox"/> Request for Antivirus installation /updates and problems |
| <input type="checkbox"/> Request for folder access permission and file server permission | <input type="checkbox"/> Request of Window updates / problems |
| <input type="checkbox"/> Request of redirect Email alias creation and all Email problems | <input type="checkbox"/> Request of Proxy (Internet /Web browsing problems) |
| <input type="checkbox"/> Request of creation of Mailing list (Group Email) | <input type="checkbox"/> Request of DNS updation / Addition |
| <input type="checkbox"/> Request of Increasing of user Email Quota | <input type="checkbox"/> Request of Remotely Dial-in Service Administration |
| <input type="checkbox"/> Request of change of users Real name in Email | <input type="checkbox"/> Special Requirements |

Detail (if needed)

POLICIES

- All the requests will be served on first come first serve basis.
- Special permission regarding user group permissions, quotas and internet usage permission are granted by the approval of the Assistant Director ITC.

ACCEPTANCE

I acknowledge that any violations of all above paragraphs may result in disciplinary actions, including **loss of Internet access authorization, employment termination, dismissal or other measures**, as deemed appropriate by UOH. As I am authorized by UOH to access and use internet / email services through University-provided facilities, I hereby agree to comply fully with this UOH Internet and email Access Policy as stated in above paragraphs.

User's Signature

Must be filled by the requester's Department Head (incase request is from department)

يجب تعبئتها بواسطة رئيس القسم مقدم الطلب

Department Head Name اسم رئيس القسم

Remarks if any ملاحظات إن وجدت

Date:

توقيع رئيس القسم

Department Head Signature

OFFICE USE ONLY

Approve Deny

Date: التاريخ

Remarks if any ملاحظات إن وجدت

Asstt. Director ITC Signature

FOR OFFICE USE ONLY

((إنذا لا نرجو ذكر السبب))

Done Pending

Date:

Remarks: (IF ANY)

SOS Admin Signature