

Assessment Ticket#:	
Date: <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> Opened Closed	Helpdesk #: (202) 994-9400 Fax #: (202) 994-9864

(ISS-CAS² Only)

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

CAS² - Medical Center Services

Date: _____

Connectivity Request / Non-Standard Applications Request / Account Charge Back Document

COMPUTER & APPLICATIONS SUPPORT SERVICE FORM (CAS²)

This form should only be filled out with the assistance of a Customer Support Engineer.

It must be filled out COMPLETELY for any purchase or device connection. Missing data will delay processing of your request and the ability to connect you to the network.

USER ACCOUNT ONLY!

Department/Division _____

LAST: _____ FIRST: _____ MI: _____

(Print full name including middle initial)

Title: _____ Phone: _____ Fax: _____

Default Network Printer: _____

(ie: Q-HCS-T700-HP4-1)

Campus Location: _____

User Account: Add Delete Exists

Type: PC MAC Terminal Other: _____

(Equipment-Circle one)

If the user needs any of the follow extended applications please circle the name of the application (even if they are already on the machine That the user is currently using):

If the user needs rights to any directories within your department that are restricted, please list them here:

1. MS Access
2. MS Powerpoint
3. MS Project
4. Netscape
5. Rapid FTP
6. Banner 2000
7. SAS

User's Signature: _____ / _____ Date: _____
(Print Name and Sign) (Phone #)

Liaison's Signature: _____ Date: _____
(Print Name and Sign)