



CENTRE FOR FOUNDATION STUDIES, IIUM  
INFORMATION TECHNOLOGY DEPARTMENT

**I.T SUPPORT & REQUEST FORM**

<b>Customer's Information</b>	
Name :	Position:
Department :	Unit :
Room No :	Tel. / Ext :
Support Info (please tick) <input type="checkbox"/> System <input type="checkbox"/> Networking/Internet <input type="checkbox"/> Software/Anti Virus	<input type="checkbox"/> Hardware Problem <input type="checkbox"/> Others(Please Specify)
<b>For Office Use</b>	
Support Name :	Action Taken :
Problem, Info:	
<b>Customer's Acknowledgement</b>	
Signature :	Stamp :
Date/Time :	



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