Kuwait University
Health Science Center
Health Science Computer Center

Network Connection Request

To be Filled by User (New Location):

KU. ID.		
Name		
	Current (If applicable)	**New**
Faculty		
Floor		
Department		
Room #		
Tel. Ext.		
Equipments Serial #		
	Current	**New (If applicable)**
CPU S.N.		
MONITOR S.N.		
PRINTER S.N.		

To be Filled by Support Section (HSCC):

	Current (If applicable)	**New**
Network Socket #		
IP Address		
Subnet Mask		
Gateway		

To be Filled by Network Section (HSCC):

Vlan Name	
Network port #	