

Process Completed? (ITS Use)	
Date:	

Hardware Request Form

(to be sent to ithelp@lincoln.ac.nz)

Date of Application:	Date Required
Name (Person to be responsible for the device)	
Division	Room Number
Type of Device (s)	
Where will this device be used	
Is Wifi coverage adequate	
Charge Code:///	
Please describe your reasons for this request (what will you be doing on this device and where)	
Number of devices requested	
Please answer the following questions:	
Please identify any University owned Cellph currently have allocated to you. Please ident another device is purchased and which, alon on to.	tify which of these can be returned to ITS if ag with a explanation, you will need to hold
Change to Work Practices (Please give a brief description around what this device	e will do for you or your group and what will change.)

	y collaborative reasons behind this applicat	
Technical (Please outline any needs only	y capable of being fulfilled on this type of d	evice)
Other (Please advise if there are any	other reasons behind this request not alre	ady covered)
Administrator approval		
ITS Director		
Date Deputy Vice Chancellor, General Manager Corporate Services		
Date		
Dean/Director		
Date		