



CIPRIANI COLLEGE OF LABOUR AND CO-OPERATIVE STUDIES  
"Contributing to Human Resource Development"  
STUDENT SERVICES DEPARTMENT

**REQUEST FOR WIRELESS INTERNET ACCESS FORM**

Please complete this form together with the 'Wireless Internet Policy Use' Form and submit to the Student Services Department to receive an appointment for configuration.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Programme Level and Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Laptop Model: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For Official Use only*

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Appointment Date: \_\_\_\_\_