



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: _____

For Official Use only

Approved By: _____

Date: _____

Appointment Date: _____