DIRECTORATE OF INFORMATION TECHNOLOGY

REQUEST FOR NEW E-MAIL ACCOUNT
ON UNIVERSITY DOMAIN

Title:　　　　　Mr / Ms /Dr. / Prof. / Engr.　Other_____

Full Name:　　_____

First Name:　　_____

Middle Name:　　_____

Last Name:　　_____

Designation:　　_____

Department:　　_____

Mobile No:　　_____

Room Extension:　　_____

E-Mail (Alternative):　_____
Hotmail, Yahoo, G-mail

Date:　_____　　　Signature of applicant:　_____

(Head of Department)

For the use of IT Directorate

ID issued　　　　☐

ID not issued　　☐

Date:　_____　　　Signature:_____
　　　　　　　　　　　　　　　　　　　　　　e-mail Administrator