**Phone Number Installation and Cancelation Service Request Form**

**To: Director of Computer Center**

(MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

Position ................................................... Phone ext. ............................ Email: ...............................................@msu.ac.th

would like to install/cancel a phone number with following details:

1. **Objectives**

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1. **Details**

|  |  |
| --- | --- |
| **Needs** | Installation Cancelation |
| **Phone no.** |  |
| **Type** | Internal number Internal number 4 digits IP Phone |
| **Location** | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………\* |
| **Contact number** |  |
| **Other** |  |

|  |  |
| --- | --- |
| .................................................... Signature of inquirer  (….....………………………..……………)  Date ............................................ | Head of Divisio.................................................... .................................................... Signature of verifier  (….....………………………..……………)  Head of Division  Date ............................................ |

|  |  |
| --- | --- |
| **Head of Phone Division’s comment** | **For Director of Computer Center’s**  **consideration** |
| Please approve  Please do not approve due to .................................................................................................  ............................................... Signature  (….....………………………..……………)  Date ........................................................ | Approve  Do not approve due to .................................................................................................  ............................................... Signature  (….....………………………..……………)  Date ........................................................ |