# Computer & Information Center
**Shahjalal University of Science & Technology**
PABX: 2255
E-mail: cic@sust.edu   Website: www.sust.edu
Support System: support.sust.edu

## Network Connection Form

| | |
|---|---|
| Date (DD-MM-YYYY) | |
| Department/ Office Name | |
| Room No. | |
| Connection Type (✓) | LAN ☐  Wi-Fi ☐ |
| Contact Number (Mobile No. or PABX) | |

Signature and Seal of Department/Office Head

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**(For office use only)**

Assigned Person for Survey:

Survey Report: _____

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_____

_____

_____

Date:

Signature:

Name:

Designation:

Remarks: _____

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_____

_____

_____

_____

Date:

Authorized Person:

Signature:

Designation: