Print Form

Information Technology Services

QU CONNECT Registration Form

INSTRUCTIONS

- This form is for use by all faculty and staff seeking to register with the QU Connect internet service at Qatar University.
- This form is to be **approved by the Head of the Department / Faculty**.
- Please complete all relevant sections.
- If you have any questions or comments, please contact the **ITS Helpdesk** at 2549 / 2785, helpdesk@qu.edu.qa or visit the ITS website at http://its.qu.edu.qa

1. EMPLOYEE INFORMATION

Full Name: _____
Last *First* *M. I.*

Title: _____ Job Number: | | | | | |

Association: _____ Faculty / Unit: _____

Department: _____ E-mail Address: _____

Work Phone: _____ Home Phone: _____ Mobile Phone: _____

QU ID: _____

2. ACKNOWLEDGEMENT

I have read and understood the guidelines for internet usage and I agree to comply with the rules as stated there in.

Signed: _____

Date: _____

3. APPROVAL FROM HEAD OF DEPARTMENT

Signed: _____ Name: _____ Date: _____

OFFICE USE ONLY

QU ID: _____

User Group: _____

Processed By: _____

Valid Until (If Limited): _____