



The request should be printed out, completed and submitted to Information Technology Mobile Communications Resources Room 9254 Kendall Campus. Please contact us at 7-0189 or E-mail mobilitysupport@mdc.edu for additional questions.

Requestor Information

Date Requested:	<input type="text"/>	Type of Request	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Job Title:	<input type="text"/>	MDID:	<input type="text"/>
Department:	<input type="text"/>	Contact Extension:	<input type="text"/>
Campus Location:	<input type="text"/>	E-mail Address:	<input type="text"/>

Required Justification

Please describe the need for a Mobile Tablet or Mobile Application. Provide details on how the device or application will be used to benefit your work and department. **(This statement is mandatory).**

Employee Requesting Mobile Tablet/Application

I certify the above to be an accurate reflection of my business needs. I have read Miami Dade College's Communications Devices [Procedure 7915](#) and agree to comply with its requirements.

	Date	<input type="text"/>
Requestor's Signature		

Department Head & Campus President Authorization Statement

I approve the above request for a Mobile Tablet or Application. The statement above accurately reflects the requestor's business needs.

	Date	<input type="text"/>
Campus President or VP Signature		

	Date	<input type="text"/>
Information Technology Vice Provost Signature		

NOTE: All Mobile Tablet requests must be approved by the College Provost

	Date	<input type="text"/>
College Provost Signature		

Information Technology Departmental Use Only

Mobile Provider:	<input type="text"/>	Device Type :	<input type="text"/>	Device Number:	<input type="text"/>
------------------	----------------------	---------------	----------------------	----------------	----------------------

Please print and forward to Information Technology Vice Provost for review and approval at Kendal Campus L134