

STUDENT ASSISTANT FORM

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

LAN/Office Support ID Request

Student ID # |_|_|_|_|_|_|_|_|_|_| (REQUIRED)

New ____ Revised ____ Delete Account ____ *Transfer ____

Legal Name: _____
Last First Initial

Preferred Name: _____ ROOM # _____
Last First

Department: _____ Division No. |_|_|_|_|_|-|_|_|_|_|_|_|_|_|_|

Position/Title: Student Assistant Supervisor: _____

Office Phone: (____) _____ - _____ Office Fax: (____) _____ - _____

Network Printers/Network Dept. Folders

- 1.) _____
- 2.) _____
- 3.) _____

Standard Office Software

XP Office: MS Word, Excel
Access, PowerPoint

Internet Explorer

On Campus Today (Richland Only)

STUDENT ASSISTANT FORM

Departmental Approval: _____	Date: _____
System Administrator: _____	Date: _____

System Administrator Use Only

Campus: _____ Date: _____

Login ID: _____ Password: _____ Server: _____

Student Assistants Accounts will be review every semester for Deletion.

No GroupWise Email for this account.