

**School of Nursing
Center for Innovation in Clinical Learning**



Help Desk Request

Please fill in all applicable information

Date: _____

Problem is: New Existing

Name: _____

Department: _____

Office Address: _____

E-mail: _____

Phone: _____

Fax Number: _____

Hardware

Computer Type: _____

Operating System: _____

Software

Application: _____

Version: _____

Priority

- Low
- Medium
- High

Describe the problem in detail:

PLEASE NOTE

You can also fill out a help ticket on the Nursing Intranet.
If sending through interoffice mail, please address to
"Help Ticket".

Office Address: 219 VICTO

Fax: 4-3556

Internal Use Only

Handled by	Hrs.	Date