



KARATINA UNIVERSITY

ICT DIRECTORATE

DNS AND EMAIL USER RIGHTS APPLICATION FORM

USER INFORMATION

| | | | |
|-------------------|--------------------|-------------|--|
| FULL NAME: | | PF. NUMBER: | |
| EMAIL ADDRESS | | DEPARTMENT | |
| REASON FOR ACCESS | | | |
| | | | |
| | DATE AND SIGNATURE | | |
| | | | |

Please tick the Access Rights requested at the back of this form

COMMENT BY DEAN/ HEAD OF DEPARTMENT/ HEAD OF SECTION

| | | | |
|--------------------|--|-----------|--|
| NAME: | | DATE: | |
| APPROVE OR DECLINE | | SIGNATURE | |

COMMENT BY REGISTRAR PLANNING AND ADMINISTRATION

| | | | |
|--------------------|--|-----------|--|
| NAME: | | DATE: | |
| APPROVE OR DECLINE | | SIGNATURE | |

ACTION BY ICT DIRECTORATE

| | | | |
|---------|--|-------------------|----------------------|
| NAME: | | DATE: | |
| COMMENT | | RIGHTS ALLOCATED: | |
| | | USERNAME: | |
| | | DNS | PROVINCIAL PASSWORD: |
| | | EMAIL | |



| Type of Access | Select the access requested |
|---------------------|-----------------------------|
| Super Administrator | |
| Administrator | |
| Normal Access | |

Applicant Name: _____ **Signature:** _____ **Date:** _____

Dean/ Head of Department: _____ **Signature:** _____ **Date:** _____

Allocated by (ICT Staff): _____ **Signature:** _____ **Date:** _____