



# University Owned Mobile Device Service

[Enter a ticket in Aggie Service Desk](#)

## SECTION 1: REQUESTOR INFORMATION

Department Name		Employee Name
Operating Index #	Organization #	Aggie ID
Department Contact Name		Position Title
Contact Phone #		Position #

## SECTION 2: REQUEST DETAILS

New	Upgrade	Plan Change	Cancel/Disconnect
<b>Conditions for University Owned Mobile Device Service</b>			Effective Date: _____
Emergency	On-Call / Service	Research / Field Work	Campus Services
Short-term Business Purpose			
<b>University Owned Mobile Device Service</b>			
Phone	Tablet / iPad	Hotspot	Modem / Router
Pager		Air Card	Other _____
Mobile Communication Device Number (if known): _____			
Critical Business Need Justification or Pre-approved Plan _____			
_____			
_____			
_____			
I certify that I have read the NMSU Mobile Communication Device Usage Procedures and agree to the employee responsibilities. I agree to abide by all appropriate NMSU and departmental operating policies and procedures.			
Employee Signature: _____			Date: _____

## SECTION 3: CERTIFICATIONS

I certify this request for mobile device service is necessary to cover a critical NMSU business need. I have read and agree to abide by all Dean and Division Head responsibilities.

**Department Head (optional)**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**College or Division Authority (required; no designee)**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: REVIEW AND APPROVAL

**Plan Administrator**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ICT - Internal Use Only**

Mobile Device Number	Effective Date:
Department Monthly Recurring Charges	
Cellular Plan to be Activated (Allowed)	Cost
Department One-Time Charges	
Device Model (Allowed)	Cost
Other Fees Including Accessories and/or Activation	Cost