Three Rivers COMMUNITY COLLEGE

TRCC Computer Lab – Remote Access – Student Request

STUDENT INFORMATION

STUDENT ID: @_____   DATE: _____

LAST NAME:_____   FIRST NAME: _____

SEMESTER: ☐ FALL   ☐ SPRING   ☐ SUMMER   ☐ WINTER   YEAR: _____

COURSE INFORMATION

CRN NO: _____   SUBJ: _____   CRSE NO: _____   SEC: _____

COURSE TITLE: _____

NAME OF INSTRUCTOR: _____

STUDENT REQUEST

What academic software do you need access to: _____

Reason campus computer lab cannot be used: _____

Reason loaner laptop cannot be used: _____

By signing this form I agree to follow the CSCU Acceptable Use Policy –
https://www.ct.edu/files/it/BOR_IT-001.pdf

STUDENT SIGNATURE: _____DATE: _____

INSTRUCTOR APPROVAL

By signing this form the instructor approves that the information on this form is correct and the student needs access to a virtual desktop at Three Rivers Community College.

INSTRUCTOR SIGNATURE: _____DATE: _____

CAMPUS DEAN APPROVAL

CAMPUS DEAN NAME (please print): _____ _____

CAMPUS DEAN SIGNATURE: _____   DATE: _____