



University Owned Mobile Device Service

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

SECTION 1: REQUESTOR INFORMATION	
Department Name	Employee Name
Operating Index #	Organization #
Department Contact Name	Aggie ID
Contact Phone #	Position Title
	Position #
SECTION 2: REQUEST DETAILS	
New	Upgrade
Plan Change	Cancel/Disconnect
Conditions for University Owned Mobile Device Service	
Effective Date: _____	
Emergency	On-Call / Service
Research / Field Work	Campus Services
Short-term Business Purpose	
University Owned Mobile Device Service	
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