Reset Form

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Charles R. Drew University
of Medicine and Science

Information Systems Department

Request for Departmental Folder

(File Server connection)

Date submitted: ☐ SON ☐ COM ☐ COSH ☐ Research ☐ Administration

Department Name: **(*REQUIRED*)**	Department Head Name: **(*REQUIRED*)**
Location: **(*REQUIRED*)**	Department Head Signature: ***(REQUIRED)***

Name	Phone #	Folder Name	Computer Type: PC / MAC
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Additional comments:

Return this request to: Information Systems Department, Cobb Building, Room 235 or

Send completed form to helpdesk@cdrewu.edu

Please contact with any questions or special requests.