BROADBANDING REQUEST FORM	
	illed n as
	ssing.

Recommended • Not	Recommended •	
If not recommended state reason		
AUTHORISATION		
Executive Dean/Corporate Manag	ger/Divisional Head /Pro-Vice Chancellor	
Approved Not approve	ed	
If not approved state reason		
Name:		

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Authorise bl y	ChiefOperatin@fficer	RevievDate:	12January 2 6 2	Page1 of 1