



MAURITIUS EXAMINATIONS SYNDICATE

OFFICE 365 - EMAIL SYSTEM

REQUEST FOR NEW EMAIL ACCOUNT

Name of Section:

Name of Officer:

Grade:

IT Facilities:(Pc/Laptop/Phone).....

Approved by Head of Section : Signature:

Director Office

Cleared by Director: Yes/No Signature:

Remarks: Date:

RESET EMAIL PASSWORD (Please fill this section only for reset password request)

Name of Officer

Email Address

Reason to reset

Any other problem with mail account (To be filled by Computer Technician)

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OFFICE USE:

Officer : Date received:

Action taken:
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