SOFTBOX MANAGED BY CYBER CENTER

Advancing Communication for a Better Education

NSTU SOFTBOX ACCESS APPLICATION

STUDENT'S NAME:

DEPARTMENT/ INSTITUTE:

DEGREE & COMPLETION:

SESSION & CON. BATCH:

FULL CLASS ID:

PHONE NUMBER:

CURRENT EMAIL:

I, _____ (course coordinator's name), hereby request the university authority to grant a login credentials to the above student. I believe the student is well aware   of   the sensible usage of the system. If any future breaching is occurred, our department is committed to cooperate the authority to take further action against him/her as per university rule.

Date

Course Coordinator's Signature

STUDENT'S AGREEMENT

I, _____ (student's name), have read and understood the terms and conditions of using NSTU SOFTBOX services set by the university. I won't use this email address to any questionable websites and apps. I won't keep this account unattended and will avoid any spamming act. I won't submit any plagiarized content to any journals or websites using this email address. I will keep myself updated with the email etiquette guidelines shared by the university. Overall, I won't misuse this system anyway and always follow the best practices. Otherwise, NSTU can revoke my login credentials anytime and take further action against me as per university rules and I will accept the decision.

Student's Signature