UPEI UNIVERSITY of Prince Edward ISLAND

APPLICATION FOR COMPUTER SERVICES

DATE _____ **UPEI EMPLOYEE/STUDENT #:** _____

NAME _____

(surname) (given name)

DEPARTMENT: _____ **PHONE #:** _____

Activation Date Required: _____ ***Requires Same Access as:*** _____

****

USER GROUP CODE:

(1) _____ *FACULTY* *(2)* _____ *STAFF* *(3)* _____ *STUDENT*

ACCOUNTS REQUIRED:

*(1)*_____*NOVELL* *(2)*_____ *UIS Ingres* *(3)* _____*HOSPITAL/LAB MANAGEMENT*

(5) OTHER _____

ACCESS TO DEPARTMENTAL:

(1) _____*PRINTERS* *(2)* _____*DRIVE* *(3)* _____

***** DEPARTMENTAL APPROVAL** _____ **DATE** _____

(must be signed by Department Head or Dean)

NOTES _____

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TO BE COMPLETED BY COMPUTER SERVICES

VMS ACCOUNT | | | | | | | | | **UIC/UID** | | | | | , | | | | |

NOVELL SERVER _____, **GROUP (S)** _____

EXPIRATION DATE _____ **DISK** _____

USERNAME: | | | | | | | | | | | | | **PASSWORD:** | | | | | | | | |

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Sept 2008