

# Computer Account Application

## Computing and Telecommunications Services

Please read and fill out this application completely. Applications that are not complete or for persons not already processed in Human Resources, School of Medicine, or the Registrar will not be processed. If you have questions about filling out your application, please ask a Help Desk representative. Please return completed application to the **Help Desk 025 Library Annex** or fax to (937)775-3331.

### Applicant Information: \*Required Fields

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Initial*</b>	<b>Gender*</b>
<b>Department (Faculty &amp; Staff) / Major (Students)*</b>	<b>UID or Social Security Number*</b>	<b>Ethnicity*</b>	<b>U.S.* Citizen?</b>
<p><b>WSU Association</b> Please check one of the following:</p> <input type="checkbox"/> <b>Faculty</b> (Emeritus attach verification) <input type="checkbox"/> <b>Classified / Unclassified Staff</b> <input type="checkbox"/> <b>Graduate / Medical Student</b> <input type="checkbox"/> <b>Undergraduate / Non-Degree</b> <input type="checkbox"/> <b>SOM Affiliate / SOM Resident</b> <input type="checkbox"/> <b>Other</b> (Submit explanation)			
	<b>Date of Birth*</b>	<b>Phone Number where you can be reached, or a message can be left*</b>	<b>Fax Number*</b>
	<b>Location*</b>	<b>Org. Number*</b> (6 digit Budget #)	
<b>Supervisor* (include title)</b>			

**Reason for request:**

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**Authorization Begins:** \_\_\_\_\_ **Authorization Ends:** \_\_\_\_\_

**Authorizing Signature (Print Name & Sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Legal Responsibilities:

The purpose of this statement is to inform you of your legal responsibilities and requirements as a user of Wright State University computer systems. Adherence to these responsibilities and requirements will protect your programs and data, and enable everyone to use the system more effectively.

Your account is to be used only for authorized use. All users must be registered with Computing and Telecommunications Services. Frivolous applications, commercial use, and unauthorized use or misuse (game playing, unauthorized use of files, any form or personal harassment, etc.) are prohibited and could result in the loss of your account and charges being brought against you through an appropriate University office. Your account(s) is(are) for your use only; sharing of accounts and passwords is strictly prohibited.

Students must be authorized to register for classes to obtain and maintain an account. Access will be disabled during unauthorized quarters.

Password resets will be done only in person, with a government-issued identification card. If this is not possible, please contact the CaTS Help Desk.

**I have read, understand, and accept the above responsibilities as an account holder, and I agree to comply with these and all WSU and Computing and Telecommunications Services policies and conditions.**

\_\_\_\_\_  
**Applicant's Signature \***

\_\_\_\_\_  
**Date**

**Account Type(s)/Platform(s):**

CAMPUS Account

Student Employee Account (please circle): **PC** **Mac**

Does this account require departmental WINGS access?  yes  no  
Supervisor signature required below if applicant is a student.

\_\_\_\_\_

Course Information for Adding Faculty to Course Studio

For new faculty or reactivation after one year absence. Please list **Quarter, Department, Course # and Section #** on the lines below.

*Example:*

**W05 ENG 100-01**

\_\_\_\_\_

Teradata  SCI

Research1 Requires signature of Dr. A. Sheth, Computer Science and Engineering, below:

\_\_\_\_\_

**Novell Account Information:**

If you are replacing someone from within your department, please indicate: \_\_\_\_\_

What Novell services do you require?

Macromedia Contribute (\$50)

SPSS

SAS

*For current SPSS/SAS costs, contact the Help Desk at x4827.*

**Shared Access Rights**

N:\Instructor  Lab Shared Directory(Staff that are students)  Other applications/services: \_\_\_\_\_

Departmental Shared Directory (special)

**Directory name:**

**Status (please circle):**

**Directory owner signature:**

\_\_\_\_\_

*read only*

*read/write*

\_\_\_\_\_

\_\_\_\_\_

*read only*

*read/write*

\_\_\_\_\_

\_\_\_\_\_

*read only*

*read/write*

\_\_\_\_\_

**Banner - Complete access request forms at the links referenced below:**

WINGS Express - <http://www.wright.edu/cats/docs/forms/wingsexpress.pdf>

Banner Admin - <http://www.wright.edu/cats/docs/forms/banneradmin.pdf>

**Account Information** (To be completed by CaTS)

\_\_\_\_\_

**CAMPUS**

\_\_\_\_\_

**Student Employee**

\_\_\_\_\_

**Date of Activation**

\_\_\_\_\_

\_\_\_\_\_

**Date Client Informed**

**Mainframe**

**Help Desk Representative:** \_\_\_\_\_

**HEAT#:** \_\_\_\_\_