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 this application, contact the Help Desk. Please return completed application to the **Help Desk** in **025 Library Annex** or fax to (937)775-3331.

*Required Fields

Last Name*	**First Name***	**Middle Name***

WSU Association* *(check one)*

☐ **Faculty (if Emeritus attach verification)**

☐ **Classified/Unclassified Staff**

☐ **Student**

☐ **SOM Affiliate/SOM Resident**

☐ **Other (Please Explain):**

Training Required:

☐ **Red Flags**

☐ **PCI DSS**

Department*

University ID #*

If this person is a NEW faculty, staff, contract employee or similar and has not been processed by Human Resources, Registration, or the School of Medicine, then the following MUST be filled in for Human Resource/Banner purposes.

Soc. Sec. Number	**Ethnicity**	**Gender**	**Date of Birth**

Campus Location	**Dept. Org #**	**U.S. Citizen? y/n**

Reason for Request

If authorization required, list **Begin** and **End dates:** Begin:_____   End:_____

Authorizing Signature (print name and sign): _____   Date:_____

Department Contact and Title

Phone Number For Contact Person

Applicant's Phone Number

FAX Number

Legal Responsibilities:

The purpose of this statement is to inform you of your legal responsibilities and requirement as a user of Wright State University computer systems.

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 of 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. For acceptable use guidelines for campus computing, see:
http://www.wright.edu/wrightway/3002.html

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 (example: driver's license). 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 Computing and Telecommunications Services policies and conditions.

Applicant's Signature: *_____   **Date:** _____

Account Type(s):

☐ **CAMPUS Account**   ☐ **Student Employee Account**

Supervisor signature required below for student applicant

_____

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

_____

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

What services do you require (please circle): For current SAS/SPSS costs, contact the Help Desk at x4827.

SAS   **SPSS**

Shared Access Rights:

☐ **NetOp (Special):**

☐ **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/forms/wingsexpress.pdf

Banner Admin – http://www.wright.edu/cats/forms/banneradmin.pdf

Account Information (to be completed by CaTS)

CAMPUS	**Student Employee**	**Date of Activation**
Date Client Informed	**Help Desk Representative**	**HEAT #**