

RSP Gateway/REDCap Account Application



Please read and fill out the **highlighted** fields in this application. Applications that are not complete will not be processed. Return the form by uploading it to the secure link. SSN is required so our IT Dept can assist with password resets.

Type of account request (check one)

New/Initial

Yes No Have you ever been a WSU student or employee?

WSU username, if known

Reactivation

Did you go by a different name while attending WSU?

Last Name

First Name

Middle Name

Applicant's Email Address

Cellphone Number
(used for password reset)

Reason for RSP Gateway Access:

(check all that apply)

- SFI Disclosure
- Proposal/Grant
- Human Subject Research
 - Miami Valley Hospital
 - Atrium Medical Center
 - Other organization (specify):
- IRB committee member
- Animal and/or Biosafety Researcher
- Animal/Biosafety Committee member

REDCap Access

REDCap

Name of physician/faculty collaborator:

Who directed you to request access?

Other (Name):

Other (Email address):

****The following MUST be completed for new/initial applications.**

Soc. Sec. Number

Ethnicity

Gender

Date of Birth

Campus Location

217300

Org.

U.S. Citizen? y/n

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.

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:

<https://policy.wright.edu/policy/11210-responsible-use-university-computing-resources>

Your account will be activated for three (3) years. You may fill out this form again to renew access for an additional three (3) years.

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 and Date:
Electronic signature is preferred

For RSP use only:

Reason for Request: InfoEd User. CAMPUS Account with Email, and general VPN required

Begin and End dates: Begin: _____ End: _____

Authorizing Signature: _____

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Department Contact and

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Phone number