## **Computer Account Application**

Please return this to the Department. Once your information is verified, you can make an appointment with IT staff (or they will contact you) to instantiate your account.

Name:		Office Phone:	
Office:			
Expiration date:			
Preferred (or previous)	login name:		_
Mailing lists to be included	ded in (mandatory to chec	k one):	
Assistant Prof.	Associate Prof.	Full Prof.	Graduate
PDF	Research Assoc.	Staff	_ Other
I have read and understoo Information and Systems'	t, you will be subscribed):  d the "UBC Policy SC14, Ac" and agree to comply with all	cceptable Use and Securi Il the rules within. I und	ty of UBC Electronic erstand that it is my
responsibility to copy or p my account expires.	reserve any data on the UBC	Mathematics Departme	nt Computer system before
Applicant's Signature: _			
Date:			
Authorizer's/Superviso	or's Name:		
•	or's Signature:		

Revised: June/2024